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HERE AND THERE, ACROSS THE SEAS.

When I promised the Editor of the "Canadian Nurse" some observations on Hospitals in the Old Country, I expected of course, to be able to devote a good deal of attention to points of professional interest, as well as to the many other attractions, which that country presents to the Colonial visitor. Like most inexperienced travellers, however, I soon learned that three months is an extremely short time for such a comprehensive programme, also that I could hope to touch only a very few of the famous institutions, and that most superficially. Besides in these, the glamor of the picturesque and the historical, so threatened to eclipse all purely practical considerations, that I find myself now in the humiliating position of poor Moses, returned from the Fair —with little, alas, to offer, save a few fantastic features of construction, a few quaint observances, a few outstanding differences from our own Canadian methods and usages—in truth—a gross of green spectacles.

Most of the celebrated London Hospitals suffer from the serious disadvantages of ages and contracted environments, and yet the interiors are wonderfully modern, both in structure and equipment. St. Bartholomew's, affectionately spoken of as "Bart's" is one of the oldest and richest, as well as one of the most famous of all charitable institutions. It is interesting to note that the site was originally occupied by a priory, which was founded in 1123 by a minstrel and favorite of Henry I.—the worldly, but penitent Rahere, whose tomb lies in the chapel of St. Bartholomew the Great, hard by. It was the redoubtable Henry VIII., however, who in suppressing the monastery, founded the hospital and generously endowed it (out of the plunder, no doubt). For this exceptionally humane and beneficent deed, his burly statue was placed over the west gate, where it still stands in striking contrast to the figures of "sickness" and "lameness" which support him on either side.

Bart's seems to have been one of the first institutions to have a regular house staff. Their duties are set forth in an ancient document—at least 700 years old—as a judicious admixture of administrative duties, medical treatment and devotional exercises, which would seem to have combined in those days, the now rival professions of medicine and religion. Evidently the Emmanuel movement is not at all a new idea. In the old country, the church and the hospital are not at all so distinct and independent, as they are apt to be with us, except in our Roman Catholic institutions. The older buildings have each a chapel,

more or less pretentious and though the atmosphere usually savors more of sanctity than oxygen, there is a peace and quietness within, which must be grateful to many a weary soul. Attendance at service, is strictly enjoined—on the nurses too, and though that sort of thing may be easily overdone, I do think it is an influence which is needed to counteract the tendency to materialism which is too evident in many of our training schools.

I was introduced to the resident curate in one of the hospitals, (a Canadian by the way) as he was making his morning "rounds" among the children. He assured me that he was kept quite as busy ministering to the spiritual necessities of his patients, as his brother-internes seemed to be with the bodily infirmities of theirs,—and quite probably in ministering to the mind diseased, he helped them with the body also.

Each of the great hospitals has a medical college associated with it, often a dental college, too, so there grows up quite a self-contained community around this nucleus—whose diverse elements, a common ancestry, a common purpose and common leaders—weld together into a united and devoted family. Each shows with pride, the great names which have been associated with it in the past, and points with pride to the famous specialists who frequent the wards and lecture in its halls. Bart's boasts of a very fine medical art galllery which is filled with the portraits and busts of her famous sons and fathers, among whom are Harvey and Richard Owen, and many others, whose names should have been better known to me. Here also are the fine mural paintings, executed gratuitously by Hogarth in the 18th century, I think. They tell the stories of the Good Samaritan and Pool of Bethsaida, the figures being all painted from patients who were then in the institution—and a melancholy assortment they are indeed.

In spite of generous endowments this aristocratic old hospital was displaying a huge plebeian poster on the gate outside, inviting contributions to the modest extent of half a million pounds, for the work of reconstruction and expansion. I thought our own struggling and impecunious institutions need not feel so apologetic, when even Bart's confesses to an empty exchequer.

Guy's is another most interesting old hospital situated in one of the poorest districts of London. It was founded only in 1720, by a wealthy and worthy old bachelor, named Thomas Guy. There is an interesting episode, about some fair but fickle Sally, to whose early defection this morbid and unnatural taste for hospital construction was attributed. The inscription on his tomb, which may be seen in the hospital chapel, reads: "He established this asylum for that stage of languor and disease to which the charities of others had not reached. He provided a retreat for hopeless insanity, and rivalled the endowments of kings." I wonder if that was a mild joke at poor old King Hal and the rival institution across the river? They have a very fine modern nurses' home at Guy's with swimming pool and gymnasium, and beautiful reception rooms—the gift of another wealthy and philanthropic patron. The nurse told me here that screens and sterilizers and almost every article of ward equipment, was man-

ufactured on the premises, at a great reduction in cost, of course —and greater satisfaction all round.

St. Thomas's Hospital was of surpassing interest, not only because of its association with the name of Florence Nightingale, but because of its architectural beauty and ideal location. Sitting on the broad balconies, which face the Thames embankment, the patients can watch the flitting traffic on the busy river below, or trace the airy spires of the great Cathedral across the way, or watch Big Ben mounting guard over the legislative chambers or perchance enjoy the mild diversion of a suffragette demonstration in Parliament Square.

St. Thomas's can scarcely afford to be scornful of feminine aggressiveness, however, for it was here, though not in this building, that one of the most far-visioned humanitarians of any age—a woman—initiated the great movements of modern nursing. I think the nurses of St. Thomas's might well be pardoned a hint of superiority, a touch of condescension, toward all less favored of the fraternity, who lack that gracious natal influence. On the contrary, I found them most genial and courteous, most willing too to show whatever of interest or of novelty their institution could afford. I stayed some time in their very well equipped electrical department, watching the Finsen light treatment, the numberless electrical devices and what was quite new to me—the method of treating lupus, rodent ulcer, etc., by Kataphoresis. Some of the cases showed excellent results. All of this work seemed to be done in connection with the out-door departments, and in almost every case, it was in the hands of nurses. This practice is not generally followed in the hospitals of America, I believe, but it seems to be the rule in London, and I've no doubt with competent supervision, such a place is found entirely satisfactory. In one hospital, there was a gymnasium connected with the orthopedic out-door department, which was also under the care of nurses in training.

But I cannot dwell on the details of each institution. The hospitals I saw in Ireland and Scotland, had much the same general characteristics, varying, of course, with the age of the buildings, and the work they had set themselves to do. Compared with the hospitals on this side of the water, which are usually of more recent construction, they lack something of trimness and finish, they seem more crowded, too, and are not so well endowed with sunshine and fresh air. Some of these things could not well be avoided—especially in a dingy, smoky district of London town. Perhaps that is why white seems to be so generally eschewed in the furnishings of the wards, but I must say I found the confusion of colors sometimes far from restful. On the other hand, the cheerful fire-places, with easy chairs ranged about, and the chatting patients, clad in their own clothes or arrayed in gay dressing gowns, the numbers of potted plants on tables and in windows and the pleasant little domestic stir of boiling sterilizers and other general activities carried on in the open ward, did produce a home-like atmosphere, which would perhaps be more grateful to the average patient than the uninterrupted vista of white coverlets and the orderly and immacu-

late arrangement of our "ward of the white-washed walls" — (mostly tinted nowadays, however).

Everywhere one sees odd little anomalies, ancient usages handed down from the dim distant past, which like the family crest or hereditary touch of the gout, are of course regarded with considerable reverence and pride, by all truly aristocratic institutions. I will confess to a weakness for the gallantly uniformed, high functionaries who guard the entrance to the Bank of England, the Tower, the Hospital of St. Bartholomew, and other national institutions, but there are a few bequests of antiquity which might be sacrificed without loss, one would think. I suppose it would be a most terrible heresy for any Bart's nurse to suggest that the blue and white checked bed-curtains were unlovely, or that they held profane conversations with the red and white bed-spreads—or for a guest at good Thomas Guy's to protest that the staring red stripes of his bed-curtains were productive of nightmares. These things seem somehow more appropriate to the reign of Sairey Gamp—than that of the modern up-to-date English nurse.

It is interesting to note the influence of the military spirit which is nowhere stronger than in British hospitals. One notes a great lack of uniformity in the costumes of the nurses, and is apt to put it down to the vagaries of personal taste, but one may thereby fall into grievous errors of etiquette. It seems to be the practice in some of the hospitals, to start the junior nurse out with the very minimum of equipment, and then as she advances to positions of greater and greater responsibility, to add a band on her sleeve, or a broad belt with an enormous silver buckle, or a little extra regalia on her cap perhaps, or a large-sized medal, then with a jingling chatelaine which reminds one of an officer's sword in that it is absolutely useless and habitually in the way—her costume is complete. Of course, the object of these distinguishing orders is that doctors and patients may be able to honor those to whom honor is due, in other words, not to confuse the head nurse with the probationer.

That reminds me of another odd custom, that of addressing the head nurse or sister, (who is a very important functionary indeed), by the name of the ward of which she is in charge. Fancy being known familiarly as Sister Job, or Sister Lazarus, or Sister Patience!

In regard to the training schools I was surprised to learn that many of the better hospitals, give a four or even five-year course, and include administrative work, housekeeping and all sorts of specialties. Obstetrical work seems to be rarely given in a general course, and when taken in a lying-in-hospital, requires a much more extended knowledge of the subject, both theoretical and practical, than is usually given in our hospitals. The nurse who obtains her midwifery degree, whether or not she has any previous training, is considered quite competent to manage any normal case of labor, and is legally qualified both as hospital assistant and in outside practice with the physician as adviser in any abnormal cases. Of course there are many things to be said against this arrangement, but so far as the poor

patients are concerned, the results seem to be all on the favorable side. Since the fees of the family doctor are prohibitive, and the dispensary service is not often available, surely it is better that the poor mother should be attended by an ordinarily intelligent trained nurse than by an ignorant, unclean, experienced (?) midwife. Investigations into conditions in the United States, especially among the foreign peoples—show that some new adjustment of the professional situation there as in our country, is imperative. Whether it will be solved in this way is doubtful. I do not think the nurse is at all keen to usurp the practice of the obstetrician, but after all does it not seem more fitting that a woman—be she a specially trained midwife or a doctor—should attend her fellow-woman in her hour of labor?

There seem to be the same great questions facing the Sisterhood on the other side of the seas. The need for some common standard of nursing education, the need of expansion, the keenly contested issue of registration, are all to the front, but there as here, it is the few who are the workers—"the rest sit round and pluck blackberries."

One cannot but be impressed by the comparatively large number of nurses one meets on the streets—everywhere. Whether it is that the out-door uniform attracts more attention, or possibly that the unitiated Colonial mistakes the habit of the nurse-maid (which is as confusingly similar as the name itself), or whether the unscrupulous Sairy has adopted that convenient garb in lieu of her "blacks" and green umbrella, I cannot tell, but the country did seem over-stocked with cloaked and bonneted ladies of every class and description. Some of the out-door uniforms are very picturesque and becoming, and I believe the nurses as well as the public over there cling to them with a certain sentiment, but personally, I think I would rather venture forth on private faring, in the more inconspicuous, even if less attractive, costume, of the ordinary civilian. But it is all a matter of taste—and depends a good deal, after all, on who wears the uniform, and how she wears it.

Perhaps it is this overcrowding of the profession which made so many of the nurses I met, so keenly interested in "America," as they broadly term our fair Dominion. Many had friends already there, whom they were sure I should have met—and all asked about prices and prospects for work. Their rates for private nursing seem ridiculously low, and yet all things considered, especially the lower cost of living there, the average incomes do not vary so much.

As far as professional position is concerned, I do not think there is any country far or near where the nurse is so appreciatively considered, so justly treated and so fairly respected by all classes, as in Canada. In this as in many other respects, our lot is fair indeed and our heritage is goodly. I think we are sometimes tempted to look with longing eyes to far away fields which always seem so fair and green, but though we may not occupy a shining place in the "Apostolic succession"—as do some of the institutions of the old land, and though we can boast few magnificent temples of healing, such as the wealth of richer lands

has bought, we possess many good things that can neither be inherited nor purchased. So we, also, can lift up our heads among the nations, and with confidence and determination should be ready to take a fitting part in the labors and triumphs which await our great profession.

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THE HOSPITAL ECONOMICS COURSE.

In the October number of The Trained Nurse, there was an inquiry from "One Interested" as to the expenses of the Hospital Economics course at Teachers' College of Columbia University in New York.

Before taking up the matter of expenses, may I ask a question of nurses? Do you think that nurses should have advanced education given to them any more than any other class of women, be they school teachers (who have spent many years previous, at schools or colleges, to their training at Teachers' College) or art students, etc.?

If our profession, which is comparatively young, is to take rank with other professions of the world, we must look into the present and future needs, not as they affect us personally, alone, but as a body of women competing in life's work.

There has been great advancement in the general training of nurses through the co-operation of larger hospitals with the smaller ones, etc. Does it not seem that if the Superintendents were trained a little more specifically for their work, that this general training might be still better and of a more uniform character? To gain this advantage through the educational system of one of the best, if not the best, training college in the country, we are invited, even urged, to contribute to a fund so as to insure a permanent department for our profession. This invitation is not given by the College, but by members of our profession who are interested in the education and training of nurses.

Let us stop and think for a few minutes of the advantage of a course at Teachers' College. In the first place, the many sided interests of the College are an education in themselves, broadening and aiding our appreciation of the wonderful opportunities of the nurse's life.

A student of Hospital Economics has the opportunity of taking up lines of study in other departments; is not confined entirely to work on nursing, but may take up subjects that round out the woman and make of greater value the training previously taken.

Our training, in hospitals, is severe, discipline is strict, because we have human life under our care, and it cannot be otherwise. We cannot call our training narrow, nothing dealing with life is, but it does not and probably cannot allow time for study in other fields of nursing. These fields we have to find after the foundation has been laid by our training. The course

at Teachers' College is offering the profession this opportunity of broadening in such lines as administration, teaching of physiology, anatomy, hygiene, bacteriology, sociology, domestic science, including special courses in dietetics, district and school nursing, and preventive work in college dormitories.

Any one desiring to add to her limited means, so as to take a course of a year or two, can do so in various ways. The Superintendents' Association is offering means this year which will aid one, and probably two students.

An arrangement has existed now for three years by which one of the students has obtained her tuition, $150.00, through assisting in the health problem in the model school of Teachers' College. This year, one of the class is adding to her income by assisting the Resident Nurse in the College dormitory.

Some hospitals have given their superintendents a year off in order that they may be able to take the one year course.

There are other ways of adding small amounts to one's income, such as doing clerical work at the College for a few hours a day, spending a few hours each day with some child.

If I had time and space, I could give other types of work for students desirous of helping to pay their expenses.

The cost of tuition and fees is from $150.00 to $170.00; room, board and (plain) laundry, $280.00 to $400.00—$310.00 is a good average—for the academic year; a very liberal allowance for books, $20.00; and then there is the car fare on excursions to various hospitals, etc., amounting, probably, to $7.00 or $8.00. The other expenses of regular living are what one makes them and should not be called college expenses. New York is large and there is so much to see that the outlay can be made considerable.

I was conscious, during my first weeks at Teachers' College, of the helpful spirit that pervades the place. Every one stands ready to help each student find her bearings in every way, and this helpful spirit continues through the years.

One graduate of the Hospital Economics course, in a letter to me said that what she missed most in being away from the College was not being able to associate with people who knew how to help one to know and understand herself.

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THE GUILD OF ST. BARNABAS FOR NURSES

The Toronto branch of the guild will hold its next meeting with the kind permission of Miss Snively, in the Lecture Room of the Nurses' Residence, Toronto General Hospital, on Friday, February 26th, at 8.00 p. m., when it is expected that the chaplain, Rev Canon Welch, and the Superior, Mrs Welch, will both be present. This is a special meeting to which all nurses are cordially invited and will be made welcome. Please make a note of the time and place and come. You will enjoy the meeting.

INSANITY AND THE NURSING OF THE INSANE.

(Continued from last month)

Among the acts of the insane, suicide should always have a prominent place in your mind, that every precaution may be taken to guard against it. The risk of such a calamity is much more imminent in some forms of insanity than in others, but there is a possibility of it in any case of mental disorder. The safest rule, therefore, is to regard all lunatics as possibly suicidal, but melancholiacs as always so. There are few, if any, cases of melancholia to whom the thought of self-destruction does not at some time present itself, for which reason none of them are to be trusted.

Some patients talk freely about their suicidal inclination, while others say nothing about it, in fact may even assume an air of cheerfulness to mask the propensity. With the latter, constant vigilance is the price of safety. Never imagine that a patient will not kill himself, because he is afraid of being killed by others. On the contrary, this is one of the commonest delusions of suicidal patients, and one that is very apt to throw friends off their guard.

Do not allow yourself to lapse into a feeling of false security because a few days or weeks have passed and the apprehended danger has not shown itself. Perhaps the intention has only been delayed and may manifest itself at any moment, or, possibly, the intention has been constant but the attempt has not been made, simply because particular means have not been available; for, bear in mind, the suicidal desire is often only to the commission of the act in a certain specific way. A man may allow a knife or a dose of poison to lie untouched, and wait until he gets a chance to drown himself; or, having walked by the waterside for hours, retire from it only to hang himself.

In cases of suicidal impulse, the thought is often suggested by the sight of the means of self-destruction. Thus, a patient who has never manifested any suicidal tendency may have it forced into sudden activity by the sight of a razor with which to cut his throat, or a cliff from which to throw himself.

In safeguarding against suicide, the fastening down of windows, the guarding of fire-places, and the removal of all dangerous articles from the patient's reach will, of course, occur to you as a necessary precaution. The things removed should include not only articles such as are usually considered dangerous, but such as could by any stretch of ingenuity be rendered so. Even when you have done this, you will still have left behind more than one means of suiciding. The bed linen will always furnish ropes, and a piece of tin or glass can be made to cut the throat. I knew one patient to suicide by holding her face in a basin of water, and another to accomplish the same end by thrusting the corner of her sheet down her throat until suffocated. Yet another patient of mine made a desperate attempt at self-destruction by biting a piece out of a tumbler and swallowing it. Dr. Burr relates the case of a patient who jumped up from a rocking-chair in which she had been sitting,

faced the chair, and sprang into it, only to throw herself backward upon her head, dying almost instantaneously from a broken neck. Ergo, I repeat, that never-ceasing vigilance is the only efficient safeguard.

Melancholic patients are often at their worst in the early morning, just after waking and before food has been taken; while after breakfast, and as the day wears on, they feel less wretched, and the suicidal desire is less marked. For this reason, watchfulness should be increased, if possible, during the early morning hours. A little food, or a cup of milk or warm coffee, given immediately on waking may be helpful in dissipating the gloom of such patients.

Suicide by precipitation is relatively frequent. Hence the necessity for care, if outdoors, that patients do not go into dangerous localities; that they find no opportunity to throw themselves in front of railway trains, street cars or loaded wagons, from heights or bridges, or into the water. Indoors, have special care when going up and down stairs, and in elevator shafts, etc. See also when outside, that your patient picks up nothing hurtful, and search his bedding and clothing frequently to see that nothing harmful is hidden there.

A great protection against suicide is to keep a patient occupied during the day, while at night there should be somebody near by him all the time. If on duty, let nothing induce you to leave the room for even an instant, unless some one takes your place. Too many suicides have been committed when the nurse had "just stepped out for a moment." In hospitals for the insane it is the rule to make all possibly suicidal patients sleep in associated dormitories, because deliberate self-destruction is very rarely attempted in the presence of witnesses. Restraint is seldom or never advisable. To tie a patient in bed, or to confine him in a strait-jacket, is to lessen the prospects of recovery. Far better to run some risk than to do this. Even when restrained, there is still the danger that the patient may suicide by throwing himself from the window, dashing his head against the wall, or strangling himself with the cords used to confine him in bed.

A means of suicide that must be strictly guarded will be found in the medicines that may be prescribed for the patient. It seems hard to deprive a nurse of that in which she takes a pride, as justifiable as that taken by a workman in the tools of his craft—the neat little table, with its white cloth, garnished with bottles and spoons, placed at the head of the bed—but far better relinquish these, if the patient be a lunatic, than to take the risk of suicide. Medicines, therefore, had best not be kept in the room. If they are retained there, they should be put safely under lock and key, and the key kept always in the nurse's pocket. But in putting such things out of reach, let it be done in a way that will not attract the patient's attention, because to do so would perchance suggest the suicidal idea for the first time.

Having arranged for the safe keeping of the medicines in the intervals of their administration, see that they reach their proper destination at the time of administration. Patients may

try to trick you in this for two reasons — either because they object to taking medicine on account of some delusion, or with suicidal intent. If, for example, you have to give an opium pill, make sure that your patient swallows it, and does not spit it out, or save it up to add to other opium pills until he gets sufficient of them to take him out of the world. With liquid medicines the danger is less, and hence such are usually prescribed for the insane. Cases have been recorded, however, where the patient retained the fluid in his mouth until the nurse's back was turned, then ejected it into a vessel, and repeated this with successive doses until enough to destroy life had been accumulated. Watch for the movement of the throat which indicates the act of swallowing, and, if you do not see it, make the patient open his mouth that you may satisfy yourself. Remember that only the slightest force on your part is justifiable to get such patients to swallow, and also that you should always give medicine as medicine, not attempt deception with regard to it.

Similar to suicide, is the propensity to self-mutilation, as when a patient tears out his tongue, picks out an eye, or chops off a hand. This is almost always delusional in its origin. It is wonderful what fortitude some of these poor creatures will display in enduring their self-inflicted tortures. One young girl I knew, had conceived the idea that her hand had committed some grave sin, and deliberately held her wrist in the flame of a gas jet until the supposed offending member was well nigh burned off.

Homicide and violence are also among the acts of the insane to which I must call your attention, though, fortunately, these symptoms, especially the former, are less common than the general public imagines. In the wild excitement of acute mania a patient may assault any one near him, but as a rule, this class of lunatic is more apt to be destructive than to try to injure anybody. Much more to be feared are those with whom the homicidal tendency springs from delusion, and it is safe to assume that any patient with delusions of persecution is dangerous.

Homicidal assaults are best guarded against by careful watching, and, if possible, keeping the patient engaged in some form of occupation where the use of tools that might serve as weapons can be dispensed with. Such patients should sleep in a room by themselves, and knives, scissors, mops, pails, chairs, etc., in fact anything that might be converted into a dangerous weapon, kept carefully out of the way. Their person and bedding should also be frequently searched. All persons about whom they have delusions should be warned that such is the case, and made to remain out of their sight.

Violence in the insane usually consists of noise, tearing of clothing, breaking glass or furniture, biting, scratching, kicking, hair-pulling, etc., and in no way can a nurse better display her tact than in the management of a patient given to any of these practices. To do this properly it will be necessary for her to study his habits, delusions, and the way in which he is inclined to be violent, as also to learn what is likely to provoke him.

Having learned the cause, violence can often be avoided by removing that cause, or, having studied the symptoms preceding an outbreak, it may be averted, or preparations made to meet it. The irritation which generally leads to the violence may often be warded off by a kind word, or a joke—by letting the patient alone, or by a firm show of authority.

If force be needful, which it very rarely is, it should be of the gentlest, for no form of abuse or punishment should be tolerated with the insane. A nurse ought never to attempt to manage a violent patient alone, because such patients will often become quite submissive if confronted by two or three persons, recognizing that resistance against superior numbers is useless. After the violence has subsided, even though the patient continues to scold, swear, or threaten, he should be left alone. Do not interfere to stop his noise. It often acts as a safety valve, becoming a substitute for the violence, the attack of which wears itself out in this way.

In connection with violence, there naturally arises the question of mechanical restraint, which is the use of such appliances as strait-jackets, muffs, etc. This is a subject upon which many volumes, for and against, have been written, but which I shall briefly dismiss. The trend of modern thought is undoubtedly very strongly in the direction that it is valueless, in fact, harmful, except where special surgical treatment is requisite. Personally, I am not so bigoted as to deny the possibility of the occurrence of cases in which restraint must be resorted to. It is yet, however, to be my lot to meet with one, other than surgical, so violent as not to be manageable by kind and judicious treatment. To restrain a lunatic is like trying to smother a fire by heaping combustible materials upon it. A maniac, in the midst of a paroxysm of excitement, is like a man in a violent fit of passion, and you must all know, that to interfere with such is but to add fuel to his rage. Both should be meddled with as little as possible. The violence, which if met with violence becomes still more aggravated, will often, if left to itself, subside in the course of a few minutes. Care should, of course, be taken that all obvious means for mischief are guarded against, and the nurse, although not directly interfering, should be watchful and ready. The more restraint, the more violence, disorder and destructiveness has been my experience in an asylum life extending over thirty-five years.

Mental medicine does not consist of pills and potions alone. Employment and amusement hold a very important place in the pharmacopoeia of the alienist, and it is upon the proper administration of these remedies that the avoidance of restraint largely hinges. The old saying, "Satan still finds work for idle hands to do," is even more applicable to the insane than to the sane. Occupation, no matter what the kind, aids largely in the cure of curable cases of mental disorder, and tends to keep the incurable in a better physical and mental condition. It stimulates the mentally sluggish, distracts the attention of the melancholic from their morbid thoughts, and furnishes a safe outlet for the over-excitement of the maniacal. Many of the last are brimming

over with surplus energy—much better that they should rid themselves of this by some occupation, no matter how trivial it may be, than that they should destroy property or tear clothing, and be a general nuisance to all around them. Such being the case, it should be the constant effort of the mental nurse to find, or invent, employment and amusement for her patient, and the best nurse is the one most abundant in resource, most willing to spend time, and not only time but thought, in devising such occupations. In this respect, I have found that the gravest fault with the great majority of nurses, is the fact that they are too easily discouraged. If they have a dull or perverse patient to deal with, they start in with the best intentions, but after a day or two, finding no apparent advance, give up the task as hopeless. If they would but think for a moment how the constant fall of a drop of water will in time wear away the hardest stone, they could better realize what perseverance will accomplish with even the most apparently hopeless dement. To such I would say—if you fail to interest your patient in one thing, try something else, and keep on trying, never despair. A patient may think he cannot do work of any kind, and that he is no longer of any use in the world. A little effort on the part of the nurse will often dispel this idea sufficiently to make a start. It matters little what the occupation be. Needlework, knitting, drawing, reading, music, card-playing, garden work, walking, driving, golfing, croquet, etc., etc., are all valuable aids to treatment. When a start is once made, a long step toward recovery has been taken.

An all-important point in the nursing of the insane is their proper nourishment, because in no disease is there greater depression of vital energy and greater expenditure of muscular strength than in insanity. Rarely will you meet with an acute case of either mania or melancholia in which the patient has not fallen away in flesh and strength. Everything possible must be done to restore the loss, because with a gain in weight you are likely to have mental improvement.

With the maniacal, as a rule, there is little difficulty in securing the consumption of a sufficient quantity of food. Their appetites may be capricious. At one time they will not eat at all, at another they will devour everything within their reach. On the whole, however, they will take a sufficiency, and often too much. In these latter cases the nurse will have to guard against over-eating, or improper eating, because such patients are prone to bolt their food without properly masticating it, thus running the risk of choking themselves, or causing vomiting.

Occasionally in mania, we find the refusal of food due to delusions of exaltation, such as that the patient can live without food. Fortunately, these delusions are rarely persistent. It is well to bear in mind that such patients will sometimes refuse food if you offer it to them, but take it greedily when your back is turned. Do not, therefore, be in haste to remove food that a maniac has refused to eat—give him time to change his mind, and opportunity to partake of it apparently unobserved.

It is in melancholia that the feeding of your patient is most

likely to be a source of serious trouble to you. Melancholic patients are generally indifferent to food, while often they will absolutely refuse it, or actively resist its administration. The causes of such refusal are various, but usually of delusional origin. Sometimes the patient exaggerates his malady, says he is beyond the reach of aid, and to take food will only prolong his agony; sometimes he thinks his family is in danger of starvation, and for him to take food will mean depriving them of it. Yet again, he may fancy the food is poisoned or dirty, or that God has commanded him to fast a certain length of time for the deliberate intention of suiciding by starvation.

The nature of the delusion may suggest to the tactful nurse some means to circumvent it, thus avoiding artificial feeding, which should be a last resort, because food eaten naturally is always much more efficacious than that administered by force. The patient who thinks there is a conspiracy to poison him may take eggs in their shells, or potatoes in their jackets, because these could not have been tampered with; may eat food cooked in his presence, or partake of anything provided the nurse share with him in the eating of it. If he thinks the members of his family are starving, she may show them to him alive and well and let them join their assurances to hers that such is not the case. If he has the idea of fasting for salvation's sake, she may try what good it will do to lead the way to the consideration that fasting does not imply abstinence of food, but only from certain articles. A patient who thinks it wicked to eat, may swallow food if it is put into his mouth, and one who fancies himself unworthy to associate with others may eat if left alone. Do not allow one or more refusals of food to discourage you in your efforts to coax your charge to eat. Often a patient will give in so as to escape your importunities, and be able to return to his melancholy broodings, just as the Irish girl married the man to keep him from bothering her. But, if coaxing will not avail, and no way can be found to get the better of his delusions, the patient must be fed mechanically.

As forcible feeding is not without risks, it should only be done by the attending physician, and your office will be to get things ready for the operation, and to assist in restraining the patient during it. The method employed is to introduce into the stomach, through the mouth or nose, a soft rubber tube, and make it the channel for the passage of liquid nourishment. Some patients will struggle violently, in which case the assistance of several persons will be required; others will submit to the process unresistingly. Often the moral effect of one such feeding is enough to cure the patient of all desire for a repetition of the experience, consequently before each forced feeding the patient should be given the opportunity of taking the food prepared for the operation in the natural way. Sometimes, however, we have to feed in this way for weeks or months. In one instance I had to feed regularly twice a day with the stomach tube for nearly two years. This case was a particularly exasperating one. The patient, a woman of course, had the delusion that God had commanded her not to eat any more as she could live without food.

After the first two or three feedings, seeing resistance to be useless, she would sit quietly down in a chair, open her mouth, and allow me to pass the tube. She explained her submission by saying she must obey the Lord, but if I chose to feed her in that way I might; it was not eating, and the sin, if sin there were, would be on my head, not on hers.

I need hardly tell you that all food for a lunatic should be as well prepared and as neatly served as for an ordinary sick patient. There is much truth in Garrick's famous epigram, "Heaven sends us good meat, but the devil sends us cooks." Dainty viands, good to the sight and grateful to the smell, have a tendency to whet the appetite of the insane as well as of the sane. Let nourishing articles of all kinds find a place in your culinary armamentarium, but let milk be your sheet anchor in all acute cases. No food preparations are so generally useful as those into which milk and eggs enter largely.

Similar difficulties to those encountered in feeding, may be met with in administering medicines to insane patients, and like persuasive means taken to overcome them. These failing, it will be for the physician to decide what is to be done; whether the medicine shall be mixed with the food or drink, or resort be had to such remedies as can be given hypodermically.

Insomnia is a common and early symptom of approaching mental disorder, nor is this to be wondered at when we consider that sleep is to the brain what rest is to the body. Every portion of the human system is subject to the same great law that rest must follow exercise. The muscles, the stomach, the kidneys—all must have their periods of rest. The brain is no exception to this natural law, and no words could more effectively picture the office of sleep as regards it, than those of England's greatest poet:

> "Sleep, that knits up the ravell'd sleave of care,
> The death of each day's life, sore labor's bath,
> Balm of hurt minds, great Nature's second course,
> Chief nourisher in life's feast."

Keats also, in his Endymion, thus gracefully recognizes its importance:

> "O magic sleep, O comfortable bird,
> That broodest o'er the troubled sea of mind
> Till it is hushed and smooth."

Sometimes insane patients pass days and weeks with apparently little or no sleep, which, naturally, makes us anxious, because with the return of sleep we look for the approach of recovery. It is the duty of the mental nurse to watch carefully the amount of sleep her patient gets, and to encourage it in every possible way, by attention to the bed and its linen, by care regarding the temperature, ventilation and lighting of the room, etc. In many cases, a hot bath at bedtime will be found highly effective in inducing sleep. The patient should enter the bath at 90 degrees, and the temperature of the water should be gradually raised to 105 degrees. The bath should be continued for about fifteen minutes, when the patient should be removed,

rubbed thoroughly dry, given a glass of hot milk or hot punch, and placed in bed.

With some patients, a bowl of warm gruel, or a biscuit taken just before retiring will suffice to induce sleep, while with others, who become wakeful during the night or early morning, the same means will serve to reincite it.

One of the best provocatives to sleep is exercise in the open air, which has the added advantage of being beneficial to the general bodily welfare. If physically fit, therefore, your patient should get out some portion of each day. In the summer time most of the day should be spent in the open air, in winter short walks should be taken two or three times a day. One of the chief difficulties in home treatment is the fact that friends object to their unfortunate relative being seen by people outside, but you must insist on his going out daily, even if only for a walk in the back yard. In this connection, there are many matters that the thoughtful nurse will take into account. For example: Is the patient's physical condition such that he can endure a walk without fatigue? Will his delusions interfere with his comfort in going out, or create trouble on his return? If he objects to going out, as melancholiacs often do, does his objection arise from the fear of meeting strangers, or simply from indisposition to exertion? How best plan the walk so as to introduce some diversion that will interrupt the current of his morbid mental thoughts?

If unsuccessful in inducing sleep by such simple means as I have indicated, resort must be had to drugs, and here the attending physician will prescribe what he deems best suited to the case.

There are many other points connected with the nursing of the insane to which I might call your attention, but

> "Time, the foe of man's dominion,
> Whirls around in ceaseless flight."

I shall, therefore, speak of but one more. You must be doubly careful in the case of mental disease, in making those observations of the patient's condition in the matters of temperature, pulse, secretions, etc., which form a part of the nurse's duty in all cases of bodily illness. Recollect, in this connection, that with the insane it is often utterly impossible to place any reliance on the statements they make. You cannot look to them, as to the sane, to keep you informed as to their symptoms and feelings; rather, they will mislead you, if they speak to you of such matters at all. The visits of the physician must necessarily be short, and his treatment, therefore, largely guided by the observations of others. He will depend upon you to keep close watch, and to make accurate reports of all changes bodily and mental. Look particularly to the excretions, and pay special attention to the preservation of cleanliness, because in this respect the insane are often neglectful. Be on your guard against bedsores, because they are very apt to occur in mental disease, vitality being usually much lowered. Watch closely for the symptoms of any intercurrent bodily disorder, such as cough, expectoration, etc.,

because a lunatic may develop disease, pneumonia for example, and say never a word about pain or distress in breathing. You, however, if watchful, may detect its advent by his movements; perhaps by his putting his hand to his side, or by his change of position in bed. Lastly, bear in mind that the golden rule, the simplest and the best of all rules, applies no less to the care of the insane than to all other acts and duties of life. "Whatsoever ye would that men should do to you do ye even so to them;" do to every patient as you would yourself like to be done by, if you were separated from your family and deprived of your freedom by loss of your reason.

T. J. W. BURGESS.

Verdun, Quebec.

Correspondence

Dear "Canadian Nurse":

Your journal is growing better and am proud to see the physicians under whom I am doing private nursing take up the "C. N." and read with interest and pronounce it "up-to-date."

Yours cordially,

A SUBSCRIBER.

Dear "Canadian Nurse":

Regarding the magazine itself, don't you think we get a little tired of the addresses given to graduating classes. For my part, I do, for they all deal with the ethics of nursing and miss the point of the practicability of the nurse. Lately I have seen much discussion on the advisability of doing away with the three years' course. I think a compromise would be better, thus: give the probationers a three months' course in the usual duties of probationers, supplemented with simple lessons in anatomy, so that when accepted after three months, and told to put a poultice on the base of the left lung, she'll know not only how to make a poultice, but where to put it without the supervision of the head nurse. Then give them two years' ward work with the usual lectures and classes and wind up with three months in household economics. Just how much beafsteak to order for a household of three or how many potatoes to boil for same, how to prepare clothes for the wash "lady" and general cooking, etc., for in the West a nurse must know these things, especially if it is the house mother who is laid by. For with the incompetent help or better, none at all, the nurse is for the time being head of the housekeeping.

A. M. H.

The Victorian Order Committee of the May Court Club, of which committee, Miss Gwendolyn Burn is convener, have presented a well-equipped Sterilizing Room for the Nurses' Training Home, Ottawa. A room was built in the basement, painted, lighted, heated and equipped with supply of cupboard, tables, hot and cold water apparatus, sink and Rochester Combination Sterilizer. On the door is a simple brass plate, bearing the inscription:

"Presented by the May Court Club, 1908."

At a reception given at the Home in Somerset street, on January 11th, the room was formally presented to the Ottawa Committee by the May Queen, Miss Fitzpatrick, who made a very neat little presentation speech, in which she spoke of the pleasure it gave the Club to present this room to the Order, as they had always received a hearty response from the District Superintendent, Miss Hardinge, to any appeal for nursing help, for those in need.

Mrs. Ahearn, President of the Ottawa Committee, responded on behalf of her committee, and Miss Hardinge, on behalf of her nurses.

In response to the wish expressed in Miss Mayou's letter for a magic lantern and a baby organ for the Harrington Hospital, Labrador, Sir William Macdonald has presented both to the hospital and they will be shipped to Miss Mayou as soon as navigation opens.

Mr. B. Rosamond, of Almonte, has also presented a magic lantern for one of the Victorian Order Hospitals, which will be sent to Rock Bay, B.C.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Superintendent, 578 Somerset st., Ottawa, or to the District Superintendent, 206 Spadina ave., Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Pa*

The following notes are from the annual report of the secretary of the Montreal Branch of the Guild, which has now completed the eleventh year of its existence:—

There is little to report in regard to the work of the Guild, which has gone on as usual since our last annual meeting. During the year six nurses have joined as Associates and we have four new honorary members, one of the latter having been transferred to this Branch from Quebec. Our roll now includes the names of 49 members, 11 associates and 16 honorary members, of whom 29 members, 9 associates and 15 honorary members are in Montreal and its neighborhood, the rest widely scattered over Canada and the United States, with one member resident in the West Indies. It is a source of much pleasure to the members that, in nearly every case, these absent ones keep in touch with the Guild, and during the last month the secretary has heard from many of them. all evincing great interest in the Branch and expressing good wishes for its welfare.

Seven afternoon and eight evening meetings have been held during the year besides the festival meeting in June, all these have been well attended. The afternoon social meetings have been held at different houses; the afternoon devotional, and most of the evening meetings, at the Church of St. John the Evangelist, but—through the kindness of the Lady Superintendents—the November meeting was held in the Montreal General Hospital, and the meeting in December at the Royal Victoria Hospital. Both these meetings were largely attended, those present including members of the Guild, nurses in private practice, and a number of nurses in training in the hospitals. Such meetings are much enjoyed by all, tend to awaken interest in the Guild and prove inspiring to the members, so that it is with much pleasure that we learn that through the kind interest of the Lady Superintendents of three of the city hospitals, arrangements have been made by which, in future, most of the evening meetings of the Guild will be held within hospital walls, the afternoon devotional meeting and one or two evening meetings only, being held at St. John the Evangelist Church.

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Dr. Helen MacMurchy, 133 Bloor St. East Toronto.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

RESENT THE INTRUSION OF SATAN'S KINGDOM.

Dr. Gore, Bishop of Birmingham, when dedicating the new chapel recently added to the Queen's Hospital in that city, said that no one could help noting that when our Lord came near to sickness, misery, and degradation of every sort, He met it with a feeling of resentment as an intrusion of Satan's Kingdom into that of His Father. That feeling we had largely lost, and we had come to acquiesce in the presence of these things instead of enlisting every power to resist them. Surgical and nursing help was one such power; the vast increase of skill in this direction was one of the best gifts of God to man at the present day. "I ought especially to feel this," said the Bishop, "seeing that I have this year been cured of what thirty years ago would have been a fatal ailment by an operation which is now one of the ordinary methods of surgical science." He added that we must not ignore the influence of the mind over the body, an influence that science had come more generally to recognize. Further, we must fight against those social mistakes of our time, sweating, over-crowding, improper care of infants, which brought so much illness in their train. Nor, lastly, must we forget the great power of prayer.

The Canadian Nurse

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Editorial

A BRAVE CANADIAN NURSE.

Canadian nurses will read with mingled feelings of thanksgiving, joy and pride, the simple and touching tale told by Miss Tweedie of her adventures on the sea for the three memorable days between the three steamships, the "Republic," the "Florida" and the "Baltic," and unless they are made of sterner stuff than the editor, their eyes will be full of tears ere they finish. Four times did Miss Tweedie go down in the dark, in a ship that she had been on not twenty-four hours. The first time to bring up four life belts for her patient and her patient's family, the second time to get one for herself, hers having been taken by some one. On her return she met an Italian, wandered from his place, who pointed to his bare breast and said: "Me" and then pointed to her life-belt. She gave it to him, and went down the third time, returning with a life-belt for herself. The fourth time she went down and a man with a bit of candle showed her a light. She returned with some clothes for her patient, which were a great comfort. These were not the only deeds she did, but we were not even allowed to tell these and we must not say more. All through her only thought was of her father and mother, to whom she sent the first private Marconigram from the "Baltic." In all this she kept her good judgment, and found in the end that she had her belt with all her valuables quite safe. The only jewel she lost was her alumnae pin, which she wore in her tie when she left New York. What Miss Tweedie has done will long be remembered by all her sisters in the Toronto General and by all the nursing sisterhood, and will make us all more brave and faithful to duty.

God bless the brave Canadian nurse.

Miss Tweedie's account:

We left New York harbor on Friday afternoon, January 22nd 1909, at three o'clock. The sun was shining brightly and every one was gay and happy, there was "no sadness of farewell," nothing to foretell the terrible calamity which would happen in a few short hours. Our party of four occupied adjoining state rooms on the starboardside of the saloon deck and were awakened about 4.30 Saturday morning by what seemed a loud explosion. An ominous silence followed. Hurrying out we inquired what was wrong and were told that it was nothing serious, but to go on deck as soon as possible. We immediately returned to our staterooms, just then the lights went out and we were in total darkness. Groping in it, we found cloaks and shoes which we hurriedly donned and went at once on deck where we found most of the others assembled.

There was no sign of panic, no one got excited, no women fainted and no one had time to scream, we were told to put on life belts and went back to our staterooms for them. As the life-boats had not been lowered, we attempted to again go to our staterooms to procure some necessary clothing, but were told not to be longer than possible and only to take what was absolutely necessary. We hurriedly picked up our rugs and a few articles of clothing and joined the other members of our party who were now on the top deck. Hot coffee and biscuits were served to all of the passengers, also baskets of apples. The Captain, officers and crew of our ship acted most heroically. Owing to their splendid discipline and the strong personality of our Captain, which dominated every one on board, all confusion was prevented. The Captain gave his orders and they were obeyed to the letter. One can never forget the Captain's command hurled at us through his megaphone. Out of the darkness it came straight and true and strong, and with all the chivalry of of man at his highest behind it. "We are in communication with the "Baltic." The life boats are ready. Women and children will enter the boats first. I will trust to the honor of the men to stand back." I have read of such things, but I never realized what it meant until last Saturday morning. I think more of bravery now that I know what it means. What had always seemed an impossible feat, when watching with awe the pilot going up and down the rope ladders we now accomplished with ease, doing exactly as we were told. "Ours not to reason why." Fortunately the first time of transferring, the sea was smooth as glass. We were taken across to the Italian emigrant ship in a very short time. This ship had over a thousand passengers already on board, fleeing from the earthquake. They had been "In peril on land" and now were "In peril by sea." Four of their sailors were killed during the collision. The injured on the "Republic" were brought over not without difficulty to the "Florida" but the dead were put in hermetically sealed caskets and left on the "Republic."

A most unselfish spirit prevailed everywhere. An Italian countess went down among the steerage passengers relieving their distress and one lady made a suit from a bed blanket for a baby whose mother had not time to save anything either for the baby or herself as they were in one of the wrecked staterooms. The other passengers from their scanty wardrobe made up enough clothes to clothe the mother.

The upper deck of the "Florida" was cleared for us and sacks of potatoes supplemented by life-belts were provided for seats. Everything was cold and damp, but no one complained. Cheerfulness reigned and nowhere was there heard a grumble. We even saw the comical side at times. Some of the costumes were extremely fantastic and altogether we were a most grotesque lot of people.

The stewards from our ship brought over brandy and coffee to the "Florida" which they served to us at intervals all through the long day. Too much cannot be said of the unfailing cheerfulness of those stewards, keeping up hope for us and

working constantly all that day and night without food or rest At noon macaroni soup was served down in the dining room with biscuits and cheese, the best cheese I ever ate.

The Republic's wireless telegraphy had given out and only her submarine bells were left to guide the other boats to us. Night was coming on, the wind was rising and still the Baltic had not appeared, but about seven or eight o'clock in the evening there came into sight the welcome lights of the Baltic and other boats. It had truly been a terrible ordeal and we still had more to undergo, for after a conference of the captains of the different ships it was deemed safer to transfer us at once to the Baltic instead of waiting for daylight. This was much more trying than the first, as the sea was now rough and the night very dark. Searchlights were used and all were taken across without serious mishap. One of our party had to go in the boat preceding the one the rest went in, but this was done as courageously as everything else. We had agreed to do exactly as we were told, but did hope we might keep together. We have said nothing of Binns, the faithful operator who manipulated the wireless telegraphy. Had he not been at his post faithfully flashing out messages for help as long as the storage battery lasted this would never have been written.

"Yes, we are always wondering, wondering how,
Because we do not see
Someone unknown perhaps, and far away
On bended knee."

THE THIRD YEAR.

This is one of the most important questions before us at the present time. The two extreme points of view are represented by those who, on the one hand, hold that a two years' course is quite sufficient for a nurse's training, and those who, on the other hand, would overload the third year curriculum with subjects, which, however scientific, useful or admirable in themselves, are not the best subjects to occupy the attention of a nurse. We present in this issue the views of some Canadian nurses and Superintendents on this subject, and we should be glad to hear a further expression of opinion from any of our readers.

SYMPATHY.

Many qualities make up the perfect whole represented by the ideal of a nurse. Some qualities are essential, some are highly advantageous, some though only ornamental, are like the grace of life, and the love of learning, more beautiful and satisfying than anything that can be placed on the market or bought with a price. A patient who had been very ill for a long time said last week to the doctor: "This nurse has done more for me than any other nurse I ever had. She is not nearly so anxious to get off on the minute as the other nurses are. She really

seems to take an interest in me and feel sorry for me." That is one of the indispensable qualities of the ideal nurse. Is it becoming rarer? The pioneers of the nursing profession, the nurses of the Nightingale era, were sympathetic. The world knows it, and remembers it. The best type of the modern nurse is not more scientific, or more thoroughly trained, or more efficient, or more anything, than she is sympathetic. Sympathy is a pearl of great price in the nurse.

HALF A MILLION.

It is cheering to the mind and heart of anyone who cares for the sick to know that some of the rich do not forget the poor—and the children of the poor—who are sick. Nothing in the Christmas papers gave "The Canadian Nurse" more pleasure than the following editorial in "The Globe," entitled:—

"The Sick Children's Santa Claus."

"When it is said that Toronto's rich men do little relatively for charity's sake, a few notable exceptions must be made to the statement. Probably no institution on the continent has a more generous friend than the Sick Children's Hospital has in Mr. John Ross Robertson. The Hospital had rather a heavy overdraft at the New Year and Mr. Robertson sent along a check for $10,000. Nothing has been said of the gift in "The Telegram"—probably nothing will be said of it save in this column. Only a a short time ago Mr. Robertson gave the Hospital a Nurses' School and Home at a cost at least $135,000. His gifts to the Hospital proper on capital account and for maintenance have never been totalled up, because no one save Mr. Robertson knows how much they have been and he won't tell. It would not be surprising to learn that first and last the Sick Children's Hospital and the Lakeside Home have benefited to the extent of almost half a million from Mr. Robertson's admirable Santa Claus habit. That is a somewhat startling figure for our rich men to live up to. Doing good by stealth, as Mr. Robertson does it, has its disadvantages. It cannot be used as effectively in spurring on others as can the subscription list method."

KAI TIAKI.

Kai Tiaki (The Watcher—The Guardian) the journal of the nurses of New Zealand, is just completing its first year, and in appearance, in content, in spirit and in achievement, is a journal to be proud of. Like "The Canadian Nurse," it began as a quarterly, and we confidently predict that it will not be long before it is a monthly magazine. We have read the quarterly number for October with interest and delight and are already looking forward to the first issue for 1909, which should reach us before these words reach our readers. Kai Tiaki has made

New Zealand nurses known to each other and known to the world and thus has promoted the union and progress of the profession.

BY CABLE.

Canadian nurses have been cabled for. That very progressive, world-wide, and courteous Corporation, the Canadian Pacific Railway Company, have received a long cable from London, and have approached the "Canadian Nurse" for a list of delegates from Canada to the International Council of Nurses in London next summer. You should try to go. The cost will be moderate, the C.P.R. say, and the benefit will be great. We shall be glad to hear from nurses who are thinking of going.

Editorial Notes

Great Britain.

Nursing in the Territorial Force.—Miss Haldane, Colonel Macpherson and others, have been explaining the plan of the Territorial Force. It is considered that Mr. Haldane and the War Office deserve great credit for the plan and for its development.

England.

Nurses for the Women Prisoners.—The suffragettes have done several good things, as Dr. Chesser points out in the *Contemporary*. We now know prisons from the inside. Only two prisons have trained nurses in their infirmaries. More will now be appointed.

Scotland.

Nurses' Registration.—At a large and representative meeting of the Royal College of Physicians of Edinburgh, the question of Registration of Nurses in Scotland, was considered. It seems that the English bill as it stands is not suitable for Scotland, and a small committee was then and there appointed to consider the bill in detail and frame a scheme suitable for Scotland.

Canada.

Lectures by Dental Surgeons.—An excellent lecture delivered to the nurses of Grace Hospital, Toronto, last year was by Dr. R. J. Reade, on "The Relation Existing between the Pathological Condition of the Mouth and General Systemic Disease." It is to be hoped that more of our hospitals will introduce lectures on this and similar subjects.

New Zealand.

Assistant Inspector.—An Assistant Government Inspector of Private Hospitals and Midwives has just been appointed in New Zealand. Miss Bagley and Miss Bicknell are the two assistants under Miss Maclean. Both ladies are New Zealand

trained nurses—one from Wellington and the other from Dunedin.

The Dominion of New Zealand.

Extravagance.—The Inspector-General of Hospitals in the Dominion of New Zealand, who has charge of 53 hospitals, advises that a question in Hospital Economics dealing with the cost of fuel and the average charge of 1,000 feet of gas, should be included in the final State examinations. Yes!

Western Australia.

Nurse Inspector of Hospitals.—Sister Blackburn of the Perth Hospital, has been appointed at a salary of £150 per annum with an assistant at £120 per annum, to be Nurse Inspector of Hospitals, in Western Australia, under the Government Charities Department. Both positions are new ones.

The United States.

Visiting Nursing.—A very valuable book on visiting nurses has been in preparation for two years by Miss G. G. Waters, of the Nurses' Settlement, New York. The scope of the book is wide, and we all look forward with great interest to reading it.

The Tuberculosis Exhibit in New York.

We regret that pressure on our space has been so great that we are obliged to defer this subject to our March issue.

France.

Inauguration of the School of Nurses.—The new school of nurses of the Saltpetrière Hospital, Paris, under the Assistance Publique, has just been inaugurated. The ceremony was a brilliant one, and speeches were delivered by M. Cruppi, President of the Board of Trade, the President of the Paris County Council, and M. Mesurier, Director of the Board of Charity. The pupil nurses of the School, 170 in number, were present, also a very large number of distinguished visitors, clerical and lay.

Belgium.

New Nurses' Magazine.—A new monthly magazine for nurses, printed entirely in Flemish, has just appeared in Belgium.

Korea.

Graduating Exercises.—Our old friend, Dr. Avison, so well and kindly remembered in his old Canadian home in Toronto, delivered the graduating address at the graduation of seven Korean nurses at Severance Hospital, Seoul, Korea. Miss Shields, the Superintendent, also addressed the nurses, and Mrs. Liu, a Korean lady.

WHAT SHOULD BE TAUGHT IN THE THIRD YEAR OF A NURSE'S COURSE.

From Miss F. E. Sharpe, Lady Superintendent, Woodstock Hospital:—

This is the rule for study and work during our third year in this hospital:—

During the first six months—Lectures on obstetrics and the practical care of mother and child.

Practical Dietetics—Lectures and demonstrations by Domestic Science teacher.

Infant feeding and preparation of food.

During the last six months—Assistant in operating room and charge of junior nurses' work in the wards, for three months.

Charge of operating room and care of all Hospital Supplies; charge of senior nurse's work in wards. Attending to superintendent's work during her absence.

This Hospital does not employ any graduate nurses. All the work in the Hospital is done by the pupil nurses. Where special nurses are required graduates of the Hospital are engaged.

From Miss F. Wilson, Lady Superintendent, Winnipeg General Hospital, Training School for Nurses:—

Your letter received this morning. You ask for my views on "what should be taught in the third year of a Nurse's course." You have not given me much time to say very much on the subject, but it is one I am very much interested in especially in three years being necessary to give a thorough training in general nursing.

The subjects we put most stress on during the third year of training here are:—Management, Operating Room work, District work and Special Duty, for the practical part, and their studies consist of Surgery, Infectious Diseases (following classes and training in Intermediate year), Nursing of nervous diseases, and anaesthetics and their administration, the last subject being necessary for nurses taking positions in small hospitals throughout the West where so many of our nurses go.

From Miss Stewart, New York.

With the two to six months' preparatory course, which is becoming the rule in most up-to-date hospitals it seems to me that all the general subjects required to put the pupil nurse in right relationship to her hospital duties, ought to be covered in the first two years. This leaves the special subjects, such as electro-therapeutics, skin diseases, massage, the nursing of nervous diseases and obstetrics possibly, to the third year. Since all of these special subjects cannot be covered thoroughly by all, and since the student has probably by this time developed a taste or a special capacity for some one line of work, this would seem to be the best time for her to select the line of her future activi-

ties. In order that she may choose thoughtfully and intelligently, she should know the whole scope of the possibilities presented by her profession. Many a nurse has drifted into private nursing, because a hospital position did not present itself, or was not solicited and there seemed nothing else to do. Now that such an infinite variety of social activities are open to nurses, it would seem very important that she should know something at least of the opportunities that are hers—that she should also consider which of the many phases of the work, she is best fitted for—and which she will probably choose.

The practical work of the year will then be arranged, so as to give each nurse as far as possible, a larger proportion of the experience and training she specially requires. The subjects taught will be those which deal with all these special departments, including the social aspect of nursing, the relation of the nursing profession to the other branches of philanthropy, the special care of nervous patients, of insane patients, of children, occupation for convalescents, the private nurse's responsibility to her patient, the family, the physician, her professional associates, herself. This larger question is usually summarily disposed of in a sort of valedictory address at graduation exercises, and the newly-fledged nurse goes out into totally new conditions, to learn a great many very ordinary but very essential things, through failure and bitter experiences.

The graduate who aspires to institutional work is often little better. It requires, not one but a series of lectures to give even a rudimentary knowledge of hospital administration and organization, the question of laundry, of buying, of accounts, and many other executive details which the smallest hospital has to deal with, and which should not be left to the doubtful hit and miss, of experience.

All these things help to put the senior nurse in a proper relation to her life work. But she may still remain a narrow gauge nurse, and so far as the profession is concerned, a drone in the hive, if she has not been impressed with her duties and responsibilities to the great body of workers. Could a place not be found somewhere in the third year, for the discussion of the broader aspects of nursing, the work of the societies, the involved nursing problems, the great movements, the literature of the profession? It seems to me this is the weakest spot in our training schools.

THE WOMEN'S HOSPITAL AUXILIARY OF ORILLIA.

How to make money easily, and have, at the same time, many a pleasant social gathering, is a subject upon which the Women's Hospital Auxiliary of Orillia is at any time quite competent to give advice.

This auxiliary is only two years old, but in May last, when the Orillia Hospital was opened, they were ready with everything necessary for a perfectly-equipped hospital of eighteen beds. The Superintendent, Miss Nellie Johnson, found none of the hardships incidental to a new institution where many priva-

tions are endured because of lack of funds, and she is thus able to make the hospital the unqualified success she is certainly doing.

Their latest endeavor was a bazaar lasting three days in November, at which they cleared the satisfactory sum of one thousand two hundred and sixty dollars. Five hundred of this is to be devoted, when spring opens, to developing the possibilities of beauty which the large grounds about the hospital give promise of.

The preparation for the bazaar extended over two months, and was the work of the ladies only, no merchant or business man being asked for aid of any kind whatever.

On the opening day, the large irregular lecture-room presented a pretty sight with its gay booths decorated in some appropriate way. The first booth cwas presided over by Mrs. J. B. Tudhope and contained home-made cooking, principally Christmas specialties. Here was the most delicious mince-meats, puddings and Christmas cakes, and Mrs. Tudhope was besieged for recipes. No one grudged this difficult booth the honor of making the largest sum, its share in the treasury being one hundred and seventy dollars ($170).

Next to that was Mrs. Inglis Grant's booth, which was all in white with festively dressed dolls perched on every white shelf, and gaily suspended from a green Christmas tree. Early in the evening of the last day, Mrs. Grant and her assistants were seen folding up their white draperies, for the last little beauty had been sold.

Next was an alcove which formed a pretty shelter for Mrs. Diggles' Handkerchief Booth. This lady, with great business foresight, had sent to friends in London and procured a large number of dainty colored French and English handkerchiefs. Some of these had been utilized for kimonas, collars, dresser-scarfs, and bags for all purposes, while others were sold as they were. These were so fetching and were marked so reasonably, that Mrs. Diggle had to supplement her stock from down town long before the sale was over.

Beside this was the platform, and it was occupied by Mrs. Geikie's picture display. The Orillia artists had generously donated paintings to this, in addition to which the ladies had procured good prints which they had had framed, and many other dainty things which they themselves had framed with passe-partout, or made into calendars. This gallery looked so fine with its dark-red background, that it was always crowded with those who came to admire and remained to buy.

Next to that was the Apron Booth with Mrs. McPherson presiding. Here were several hundred aprons of varieties to suit all people and all purposes. Not even the doll was forgotten. The last day this booth was only a bare little corner gay with Union Jacks.

The next space was an artistic corner in yellow and white with Mrs. A. E. Ardargh at the head. Here you could buy anything in chintz from curtains and shirt-waist boxes, down to scrap-baskets and needle-books! Mrs. Ardagh, also had charge

of a Curio room which contained various curios, also things of long ago owned by old Orillia families. Here was the cup won by Jake Gaudaur as champion sculler of the world, and the flag presented to Jack Miller when he brought home his lacrosse team from their tour around the world.

Next was Mrs. John Scott's Baby Booth, all in pink and white, where were all sorts of gifts and cunning little garments for the little rulers of our homes.

Beyond that was the Fancy Work, presided over by Mrs. Clarke. Here were so many exquisite things that one felt sure these ladies must have spent long hours over such a display of clever workmanship.

The next booth was one which tempted all the coins from the pockets of the young people, for here Mrs. M. B. Tudhope had a most tempting display of fancy home-made candy in all varieties of basket and box. To visit this booth was only to return again and again.

The last booth was the Lingerie, where Mrs. W. H. Tudhope reigned. Every style of shirt-waist was here, from the evening lace blouse, to the ordinary one for morning wear. In addition to these dainty underwaists and collars were on sale, either donated by some lady, or made by the skillful fingers of this industrious committee.

A Tea-room opened from the larger room, and this was the cosiest, happiest spot imaginable, with its scarlet draperies, its red-shaded lamps, and its pretty black-robed attendants with their white aprons and caps. The hand-painted menus showed an inviting afternoon list of dainties. One could enjoy a visit with friends over a cup of tea, or cocoa or bouillon, with hot biscuit, toast or cake.

From twelve to two a delightful four-course luncheon was served. This consisted of hot bouillon, chicken, ham and salads, tartlets, cheese, celery and coffee. It was designed for the husbands of the busy ladies, and proved to be one of the attractive features of the bazaar. The little family groups that appeared day after day about the tables told what a successful scheme this was proving.

A charming evening concert by Mr. Lissant Beardmore of Toronto, assisted by local talent, was another attractive feature.

The plans for this bazaar and their successful carrying-out are due to two ladies, Mrs. Gilchrist and Miss Beaton, to whom the Auxiliary has learned to entrust the management of any scheme for raising money, sure that every detail will be perfect, and the money required appear magically at the end of a few pleasant days.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President—Mrs. C. J. Currie, 175 College St., Toronto.

First Vice-President—Miss Annie Robinson, Superintendent, General Hospital, Galt.

Second Vice-President—Mrs. S. H. Tilley, 228 Johnston St., Kingston.

Treasurer—Mrs. Thomas Roden, 127 Dunn ave., Toronto.

Recording Secretary—Miss Julia Stewart, 134 Yorkville ave., Toronto.

Corresponding Secretary—Miss E. R. Greene, 418 Sumach St., Toronto.

Board of Directors:

Miss Brent, Superintendent, Sick Children's Hospital, Toronto.

Miss Mathieson, Superintendent, Riverdale Hospital, Toronto.

Miss Barwick, 644 Spadina Ave., Toronto.

Miss Woodland, Superintendent, Western Hospital, Toronto.

Miss Lennox, 107 Bedford Road, Toronto.

Miss Hamilton, 608 Church St., Toronto.

Mrs. Yorke, 400 Manning Ave., Toronto.

Mrs. Paffard, 51 Poplar Plains, Road, Toronto.

Miss M. Christie, 19 Classic Ave., Toronto.

Miss Eastwood, 206 Spadina Ave., Toronto.

Miss Graves, St. Michael's Hospital, Toronto.

Miss Mary Gray, 505 Sherbourne St., Toronto.

A meeting of the Executive of the G.N.A.O. was held at Grace Hospital on Tuesday, Jan. 19th, at 8 p.m., with the President, Mrs. Currie, in the chair. There were present Mesdames Paffard, Roden and Yorke, and Misses Mathieson, Woodland, Greene, Hamilton, Gray, Carnochan and Stewart. A number of matters of importance were gone into, among them being the appointment of one of our number to assist one day a month at the Employment Bureau for Women, established at the City Hall by the Local Council of Women.

Miss Greene presented several letters received in reply to those sent out asking for suggestions in regard to making the Annual Meeting more interesting. Several helpful suggestions have been received, also contributions from several Alumnae Associations, to help defray the expenses of the meeting.

Miss de Witte, assistant editor, American Journal of Nursing, has kindly promised to be present, and read a paper on "Some Problems of the Private Nurse."

A number of applications for membership were accepted, and it was decided to have the names of the officers of the Association appear in the "Canadian Nurse" each month.

Miss Carnochan, assisted by Mrs. Currie, was appointed to arrange for the Toronto Chapter course of lectures, and it is hoped soon to have a lecture from President Falconer. The Committee then adjourned, to meet again in February.

JULIA STEWART,
Secretary.

Official Department

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne Street.
First Vice-President—Ida Beam, 728 Spadina Avenue.
Second Vice-President—Annie Hartley, T.G.H.
Recording Secretary—Miss Lindsay, T.G.H.
Corresponding Secretary—Ida L. Burkholder, 728 Spadina.
Treasurer—Marion E. Hall, 18 Earl Street.
Board of Directors—A. J. Scott, Grace Hospital; M.Tweedie, 53 Langley Avenue; Edith Hargraves, 146 Winchester Street.

Conveners of Committees:

Sick Visiting—Elizabeth Field, 505 Sherbourne Street.
Registration—M. E. Christie, 19 Classic Avenue.
Programme—Mrs Feeney, 44 Willcocks Street.
Social and Lookout—Miss Richardson, 551 Sherbourne St.
Press—S. Caroline Ross, 1 Selby Street.
Central Registry—Miss Purdy, 551 Sherbourne Street; H. Fralick, 728 Spadina Avenue.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09; Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Misses A. C. W. Teevan, A. H. Esden, E. B. Black, M. Black, M. E. Stewart.

Matrons.

Miss C. Hutton Potts, to M.HP., Wynberg, S.A., from M. HP., Standerton.

Sisters.

Miss K. Roscoe, to M.HP., Cairo, from M.HP., Khartoum.

Miss E. M. Pettle, to M.HP., Khartoum, from M.HP., Cairo.

Miss A. Willes, to M.HP., Tidworth, from R.V.HP., Netley.

Miss W. Potter, to M.HP., Devonport, from M.HP., Canterbury.

Miss E. M. Denne, to M.HP., Harrismith, S.A., from M.HP., Bloemfontein.

Miss F. G. P. de Stourdza Zrinyi, to R.I., Dublin, from duty on S.S. Plassy.

Miss M. M. Tunley, to R.V.HP., Netley, from duty on S.S. Plassy.

Miss E. M. Lang, to S.S. Plassy, for duty, from M.HP., Tidworth.

Miss B. N. Daker, to M.HP., Devonport, from M.HP., Canterbury.

Staff Nurses.

Miss M. A. Roe, to M.HP., Devonport; Miss I. M. L. du Sautoy, to R.V.HP., Netley; Miss W. M. Gedye, to R.V.HP., Netley, on appointment.

Miss H. M. E. Macartney, to M.HP., Cairo, from M.HP., Khartoum.

Miss M. Davis, to M.HP., Khartoum, from M.HP., Cairo.

Miss E. K. Kaberry, to M.HP., Colchester (tempt.), from Egypt.

Miss K. E. Hearn, to S.S. Plassy for duty, from M.HP., Colchester.

Miss M. D. Woodhouse, to R.H.HP., Woolwich, from duty on S.S. Plassy.

Arrivals.

Miss H. W. Reid, Matron, from South Africa.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE CANADIAN NURSE.

One of our subscribers, in answer to a request in the January number, has kindly sent "The Canadian Nurse" for 1905 and 1906, complete with the exception of the March, 1906, issue, to Mr. John Ross Robertson. Will some one kindly send a copy of March, 1906, to Mr. John Ross Robertson, so that the library of the Sick Children's Hospital, Toronto, may have a complete file.

HOW CAN SKILLED NURSES BE SECURED IN THE HOMES OF THE WORKINGMAN?*

That there is a need for skilled nursing in the homes of the workingman is evident from the interest you have shown by attending this Convention.

This need has been recognized not only by that portion of the public who have the welfare of humanity at heart; but by nurses in general, and the visiting nurse in particular. In her rounds among the sick poor she soon finds on her list of patients many who were not always physically and financially helpless. Long illness, lack of work, or losses in various ways may deplete even a plethoric pocketbook, and the family who have an abundance to-day, may be in penury to-morrow. Finding this true in many instances, she can more readily understand how faint is the line between the sick poor for whom she cares, and the world's workers representing the bone and sinew of the nation. Knowing this, she believes that any expedient tending to make the crossing of the line less possible should be welcomed. In short, anything that would benefit the laboring men and at the same time not infringe upon others should be adopted. A sliding scale of prices to fit all cases, similar to that employed by physicians, has been suggested; but it will be obvious that this is not feasible.

The nurse is not a physician, in her work there is a constant strain which soon undermines even the strongest constitution. Her income therefore is limited to a shorter number of years and thus it would be unwise to vary her price according to the financial standing of the family cared for. The strenuous life while employed, the extra probation work now required, the limited duration of employment, tend to deter the applicant from entering our hospitals. That this is true is evident from the fact that there are fewer entering our hospitals than formerly. On the other hand there are people who love their dollars so well that if it were possible to obtain a nurse at a lower wage by pleading poverty, they would not hesitate to do so. A fear of pauperizing people has also been a hindrance in meeting the need for skilled nursing.

"It has been truly said that Man the citizen is robbed of his birthright, when in his distress we take from him or permit him to relinquish any least part of his power of self-help."

While this is vitally true, yet many jump to the conclusion that only the poor are subject to the moral atrophy, pauperism, and parasitism.

In these days, when the word "graft" is on almost every tongue, it seems as if even those who have wealth, unless they are independent and honest to the core, try how much they can obtain without toiling for it. Pauperism as a vice cannot be laid alone at the door of the poor; for what is pauperism but a desire to obtain something for nothing?

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*A paper read before the Michigan State Nurses' Association.

So in our desire to bring comfort and health into the homes of the working man of moderate means, we must not think of pauperism as a vice to which the poor are especially subject, but a vice found in the whole human race, liable to fasten itself on people of wealth as well as others.

At a recent discussion on Skilled Nursing for the small wage earner, one nurse did go so far as to say "that in her opinion there was no cause for anxiety because of lack of good nursing for the family of moderate means." She said in effect: "The nurse ought not to feel as if this burden was her burden. The shoemaker was not anxious that all should be supplied with shoes, the baker did not expect to see that all were furnished with bread." She thought that the public should look after such matters.

Now, it is a well known fact that everybody's business is nobody's business, and unless some one really cares and plans to supply this need and sees that the want is met, it will not be done.

The question then is can we bring physical comfort without endangering the virile stamina of those we wish to help, or infringing upon the right of others? To me it is possible, but could best be accomplished through the co-operation of classes of individuals. Believing if we would really help people, we must do things together, with them, not for them, and that those who truly help their fellow men, love to see them made whole and strong, not weak and dependent, we would suggest the following plan.

Please remember that these are but suggestions which have come to me through observing the social conditions in many homes.

We believe they have a practical value, and could be successfully carried out and that the plan would be equally efficient in a small town or in a city.

This thought came to me first. There is never any great need in the world without a possibility of supplying that need. It is evident that skilled nursing is needed in many a workingman's home. The question then is: How can that need be supplied?

Every laboring man or woman, no matter what his race, condition, color, or creed belongs to some church, some society, some club or some mission. Let each member pay according to his or her ability a fee to his church or club whichever it may be.

Such fees would form a fund to be placed in the hands of the Visiting Nursing Association for the purpose of securing a nurse or nurses according to the amount of the fund deposited.

It may be said, why with the Visiting Nursing Association? Why not let it remain with the society where the fund originated? For this reason: The Visiting Nursing Association is free from political, class, or sectarian prejudices, prepared to work with anyone, interested in the poor, the friend of the laboring man, and capable, because of long years of experience, to deal with a variety of cases in a variety of homes.

If the Association had charge of all fraternity nurses, the different societies would be relieved of the burden such an undertak-

ing would imply and needs would be supplied by those experienced in dealing with them.

Suppose some of you belong to the Modern Woodmen—and the society had such a fund on hand. All that would be necessary for you to do in case of sickness would be to telephone to the Association, and a nurse would be sent to the sick member.

No one of the society would lose either time or sleep, as a skilled worker would be in charge of the case.

It may be said, that many join the societies because of the benefits received during illness, and that the duty ought not to be delegated to another.

True, yet you who believe that the Gospel must be sent to those who have never heard of Christ, know that the skilled worker goes to the foreign country, and that all who make it possible for him to go help equally.

So, one most truly aids a member of his society, when one sees that the sick are cared for by skilled hands.

The burden has not been placed, as it too often is, upon a few.

The presence of a nurse would not hinder any extra assistance the members might desire to give or bring, to show affection or regard.

From a humanitarian point of view, we would all find this arrangement especially helpful, from the fact that everyone who was ill would be cared for, and that would prove a bond, binding us as a people into a universal fellowship.

on the members, varying in amount according to their usual sub-

In case of a greater amount of sickness than usual, if the funds deposited were not sufficient, an assessment could be levied scription. Possibly half as much per week or per month as this ought to be able to meet all needs.

This plan for supplying skilled nursing in the homes of the small wage-earners will eliminate any feeling or thought tending towards dependence.

Another plan which might be used to advantage would be the formation of Fraternity or Sorority Clubs, each club raising a sum equal to the salary of a nurse, or more if desired.

It would necessitate more work for the society but might satisfy some people better, who would prefer to have the nurse under their own supervision and employ any particular nurse the club might choose.

Elizabeth Barrett Browning tells us—

> "The least flower with a brimming cup may stand
> And share its dewdrop with another near."

We may have little to give toward supplying a nurse for the church or club to which we belong, but if we do our best our best will better grow, and we will have the joy of helping someone else, and yet know we are doing nothing to destroy our self-respect or theirs.

True love manifests itself in being mutually and actively helpful to one another.

Details have been omitted in the given plans, as it seemed to me each society or club of the town using this plan could more easily supply details and thus adjust themselves to their own environment.

FLORA L. NIEMAN,
District Nurse.

Grand Rapids.

THE CANADIAN NURSES' ASSOCIATION.

The second lecture of the course of the Canadian Nurses' Association was held on Tuesday evening, Jan. 5th, in the Medico-Chirurgical Society's rooms.

The President called the meeting to order at 7.30. The minutes of the last meeting read and adopted and two members were added to the roll.

At 8 o'clock, Dr. H. D. Hamilton (specialist for diseases of nose, throat and ear), delivered a very interesting and beneficial lecture. He demonstrated the use of the post nasal syringe, its danger if ignorantly used and its value if introduced with skill and knowledge. A warning was given to be firm and gentle when operating with children as one of these virtues was not sufficient in itself, but both were needed to bring about the desired effect. Many other valuable suggestions were given that will be most helpful in our sphere of work. After which the social cup of coffee was enjoyed and the meeting brought to a close.

A short time ago a meeting of graduate nurses was held at the residence of Miss Purvis, when an association was organized to be known as the Brockville Graduate Nurses' Association. The following officers were elected:

Hon. President—Miss Bennett.
President—Miss Margaret Carson.
Vice-President—Miss Katherine Purvis.
Secretary-treasurer—Mrs. V. A. Lott.

The president, vice-president, secretary-treasurer, together with the Misses Ringer and Bates will constitute the executive committee.

A special meeting was held on Wednesday, Nov. 25th, at the home of the president, with an attendance of fourteen members, when matters of much importance were discussed.

The object of this association shall be the maintenance of the honor and character of the nursing profession and the promotion of unity and good feeling among the members. The next meeting will be held at the General Hospital on Tuesday, Dec. 22nd, at 4 p.m.

Hospitals and Nurses

Mrs. Grace Neill of New Zealand, who has done so much for the nursing profession there is now residing in Butte, Montana, with her son.

Miss Anna A. Hawley, V.O.N., head nurse for the past eighteen months of the Queen Victoria Hospital, Yorkton, Sask., has been transferred to the superintendency of the Lady Minto Hospital, Minnedosa, Man.

This hospital which has recently been erected, will be officially opened in a few days. In the meantime Miss Hawley is spending a short holiday in Winnipeg, a guest at the Royal Alexandra.

Previous to Miss Hawley's departure from Yorkton she was the guest of honor at a large, delightful "At Home" at Holy Trinity Vicarage. A pleasing feature of the evening was the presentation to Miss Hawley by Rev. F. C. Cornish, on behalf of the Junior W.A., of beautifully bound copies of "Church Service," suitably inscribed as a token of their esteem and affection.

In making the presentation, Mr. Cornish expressed the regret which all felt in losing Miss Hawley from their midst—the hospital an efficient, faithful nurse—Holy Trinity, a loyal staunch churchwoman, and an enthusiastic worker. He assured her that the best wishes of hosts of friends followed her to her new field of duty.

In reply, Miss Hawley feelingly thanked the donors for remembering her in such a thoughtful, tangible manner—equally did she appreciate the loving thought which prompted the gift and the kind words accompanying it. She expressed sincere and keen regret in severing her connection with the Queen Victoria Hospital and Holy Trinity Church. She referred to the cordial greeting which had been given her on arrival many months before—a stranger—the utmost kindness she had been shown since—and that in her heart there would ever remain a warm corner for the people of Yorkton.

In speaking more personally to the Auxiliary members, she said there was an undercurrent of sadness in the thought of meeting with them no more—that she had been very, very happy in her membership with the Yorkton branch and though she went into a new field of duty to another diocese, her thoughts would often be with them, and she would ever be interested in all their work. She congratulated them on what they had accomplished in the past and felt confident with God's continued blessing they would go on to even "greater things" and be a source of great strength in the parish.

She heartily thanked the president and hostess for the compliment of the evening—the Vicar for his kind words and told the Auxiliary girls that the pleasing souvenir would ever be a charming, valued reminder of her sojourn amongst them and of their work together.

Miss Hawley was also the recipient of a valuable gold clock from the Queen Victoria nursing staff, and a five o'clock tea set from the employees of the institution.

At the December meeting of the Alumnae Association of Winnipeg General Hospital, officers for the management of the Journal were appointed as follows: Literary Editor—Miss M. A. Coltart, Winnipeg General Hospital. Business Editors—Mrs. Bruce Hill, 290 Langside St., Winnipeg; Miss Kate Cotter, 278 Sherbrooke St., Winnipeg. Editor Personal Column — Miss Inga Johnson, Winnipeg General Hospital. Manager Mailing Department—Miss Mabel Gray, Winnipeg General Hospital.

Mrs. J. Hamilton, of H.S.C., gave a very instructive talk to a class of fourteen nurses in the operating room on the 6th Jan., '09. Subject—"The Nurse on Private Duty."

Miss Hersey, who has been acting superintendent of the Royal Victoria Training School for Nurses, has been unanimously appointed to the permanent position of Lady Superintendent by the House Committee and Medical Board of that institution.

Miss Gilmour (R.V.H.), who spent last summer in one of Dr. Grenfell's hospitals in Labrador, left Montreal early in January to take up Settlement work in New York.

Miss Fairservice (R.V.H.), who has been doing private nursing in New York, has returned to Montreal and is in charge of a ward in the Royal Victoria Hospital.

Miss M. L. Mellefont has been sent to Brockville, Ont., to open the branch of the Victorian Order there, and Miss U. King, to Galt, Ont., to begin the work in that town.

Miss Teresa McCutcheon has been appointed senior nurse in the Ottawa Home.

Miss Alberta Clarke is Miss Eastwood's assistant in the Toronto Home.

The Emmanuel Church, Montreal, in conjunction with the Montreal Branch of the Victorian Order of Nurses, has started a Tuberculosis Class on the lines laid down and followed so successfully in Boston by Dr. Pratt. Miss Davidson, a V.O. nurse, is the visiting nurse for this class.

A correspondent from British Columbia writes: "Is it true that the Ontario nurses have been given legislative protection this year? If so, would you kindly send me any printed matter you have on the subject. We certainly need legislative protection here. British Columbia has a floating population. Many nurses come here from the Old Country, Australia, and other places. Some are of high standing, others perfect shams. All other professions insist on a six months' residence, and the passing of a provincial examination. Why shouldn't we? Wish you would spend your next holiday in B.C. It would be more satisfactory than letters."

The meetings of the Trained Nurses' Club of Victoria, B.C., are held on the first Tuesday afternoon of each month at 3.30 p.m. The membership is thirty. After the business for the month has been settled, and lecture given, the members enjoy a cup of tea. Each month one nurse supplies tea, cream and another cake.

While we sip tea, we have a social chat before adjournment. The "Club" is not new, having been organized February 8th, 1905.

The following nurses have passed the examination in anatomy and physiology at the General Hospital, St. John's, Newfoundland: Myra Taylor, Marion Macdonald, Ada Hubley, Bertha Horsey, Grace Gardner. Forty-five per cent. pass. The General Hospital at St. John's, Newfoundland, is now occupying two new wards with twenty-two beds in each, and they look very nice.

Miss Anna Hawley goes to Minnedosa to take charge of the new Lady Minto Hospital there, Jan. 15th.

Miss Anna White is the Superintendent of Queen Victoria Hospital, Revelstoke, B.C.

The new Calgary General Hospital has now its roof on, and the work of finishing is being proceeded with from inside. The opening is hoped for in August. When fully completed and equipped, there will be 225 beds. The new hospital has the most beautiful situation, on a lovely grassy plateau above the bench overlooking the clear, ice water of the rapid Bow River, to which the grounds slope in a series of benches, in view of St. George's Island and the City of Calgary. On the west, the view is more than superb, for stretching in a direct line of horizon from north to south are the magnificent peaks of the Rocky Mountains. Simply the sublimest view in the world, one that brings peace and rest to the weary and a veritable mine of ever-changing light and shade to cheer and interest the convalescent. The Woman's Hospital Aid of Calgary are undertaking the task of furnishing it as far as possible, and the Girls' Auxiliary hope to be able to furnish and keep in supplies the children's ward. Under Miss Jessie Scott (T.G.H.), as the matron of the present hospital, the work has increased so rapidly that it will be a great relief to all in the work, when the new hospital is ready for occupation.

On December 23rd, the staff gave a Christmas tree for the patients and nurses, the Girls' Auxiliary supplying presents for all.

The annual Christmas tree festivities at Jeffery Hale's Hospital which, according to custom in this institution, are shared by the nursing staff and patients, were held on the 22nd Dec., and were pronounced universally successful. The guests, who included in their number the medical staff, graduate nurses of the training school, and a large number of representative citizens and others interested in the work of the Hospital and the Training School, were received by Miss Molony, the Lady Superintendent, and her assistants, in one of the handsome wards of the McKenzie Memorial Building, which was charmingly decorated for the occasion. Santa Claus was of course on hand, in most cheery mood, and distributed liberally from a most judiciously chosen store of Christmas gifts and characteristic "quips." A programmme of choice music was rendered by friends of both sexes, in a manner that would have graced a far more preten-

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tious stage: A "Pierrot" performance in particular meriting the loud encores with which it was greeted. Advantage was taken of such a large gathering to present to two graduating members of the Training School—Miss Margaret West, Quebec, and Miss Effie Dixon, Montreal—their diplomas and medals on completion of their course, and passing of satisfactory examinations. A suitable address, especially devoted to the graduating nurses, was made by the Rev. A. T. Love, the diplomas being presented —in the absence of the President—by one of the Governors, Mr. John Hamilton, and the medals were pinned on by the Lady Superintendent.

Miss Helen Hunter, Jeffery Hale's Hospital, Class '04, has recently been appointed Lady Superintendent of the Red Cross Hospital, New York, N.Y.

Miss Shaw, Assistant Lady Superintendent, Jeffery Hale's Hospital, spent the Xmas holidays in Montreal.

A Diet Kitchen has been recently equipped and put into running order, at the Jeffery Hale's Hospital, under the excellent supervision of Miss Mary Shaw, M.G.H., Class '05.

Battleford General Hospital had in September and October twelve typhoid fever cases. One family of eight children. All recovered but one little boy, and he had several hemorrhages, which proved fatal. Two probationers have recently entered the hospital. They are both thinking of training afterwards in a larger hospital.

The first meeting of the Winnipeg General Hospital Alumnae Association in the year 1909 took place at the Nurses' Home of the Hospital on January 6th, and was social in character. In spite of the severe weather, about thirty nurses were present. Mrs. Moody and Miss Wilson presided at the prettily decorated table, and during the afternoon some delightful music was given by various member of the Association.

The Winnipeg School Board has decided to institute a system of medical inspection of school children. This will necessitate the employment of one or more nurses. No appointments have, as yet, been made.

Miss Helen Stewart, of Winnipeg, has accompanied her patient to Florida.

Miss Nora Blott, of Winnipeg, and her patient are comfortably installed for the winter in a pretty cottage at Long Beach, California.

Miss Warren has accepted a position in the tuberculosis wards of the Winnipeg General Hospital.

Miss Macy and Miss Lloyd, of the class of 1908 (W.G.H.), left for Fernie, B.C., on January 7th. They have been appointed to positions on the staff of the new hospital.

Miss Guthrie, formerly head nurse of the Isolated Department, W.G.H., has been appointed Lady Superintendent of the General Hospital, Dauphin, Man.

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A very charming presentation was made to Miss Hodgson by the head and pupil nurses of Lakeside Hospital, Cleveland, of a tea set of Nippon china in a most unique and beautiful design. Miss Hodgson finished two years and a half in the hospital on Christmas Eve, when the presentation was made. Miss Hodgson is appointed superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D. C. She was nominated to this important position at the meeting of the Medical Board held on January 16th and expects to leave Toronto on February 2nd to undertake her new duties. The hospital which has secured Miss Hodgson's services is greatly to be congratulated and the affectionate good wishes of all who know her will follow her to Washington.

At the annual meeting of the Alumnae Association of the R. V. H., Montreal, held some time ago, much regret was felt that Miss Gilmour, the president for some years past, declined re-election. Miss Grant was unanimously chosen to fill the position, and Miss Gilmour and Miss Goodhue were elected vice-presidents. The other officers remained as before. At a subsequent meeting Miss Gilmour, who spent the summer in Dr. Grenfell's hospital at Battle Harbor, Labrador, gave a most interesting account of her work there and showed photos of the place and surroundings. Her talk and vivid description of people and places was much enjoyed by those present.

Miss Whelan, graduate R. V. H., Montreal, has gone to Manilla to take charge of a hospital there. She expects to remain at least a year.

The Alumnae of the Sick Children's Hospital are very pleased to welcome the new graduates to the Alumnae. Three of the members availed themselves of the weekly benefit of S. B. F.—Misses Kirkby, J. Hamilton and B. Goodall.

On Christmas Eve the hearts of the patients at the Western Hospital, Montreal, were cheered by kindness of Mrs. Darling and staff of young ladies, who distributed fruit and dainties nicely basketed to those able to enjoy them. To others too ill to accept these other little tokens were left and a general air of kindness and good cheer was felt by all. The nurses also enjoyed Christmas festivities on Christmas Eve at their home on Roseberry Ave. A tree was dressed with suitable decorations and the mail that had come for them during the day was then distributed along with gifts from some of the patronesses of the hospital. Refreshments were served and a very jolly evening spent, and the "first Christmas away from" lost considerable of its supposed and expected horrors. At breakfast in the morning the dining-room was discovered gaily trimmed—surely by the master hand of the season's saint himself.

Miss N. Johnston, T. W. H. '03, is in charge of the new hospital at Orillia, which is said by those who were present at the opening to be a gem in the way of equipment. Miss Johnston is especially well fitted for carrying forward successfully the work in this new field.

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The Edmonton Association of Graduate Nurses held their annual meeting at 458 8th street, on January 13th. The following officers were elected for 1909: President, Miss Mitchell; 1st vice-president, Miss Beattie; 2nd vice-president, Miss Morkin; secretary-Mrs. Manson; treasurer, Miss Bufton. There were ten meetings held during the year with a fair attendance. During the winter months we are having a doctor lecture at each meeting.

To the Rev. Canon Kittson,

Chaplain, Ottawa Branch, G.S.B.

Dear Canon Kittson.

At the last meeting of the Canadian District Council of the Guild S. Barnabas, held in Montreal November, 1908, it was decided to forward to you this letter expressing the sympathy and sorrow of the Council over the recent loss by death of your Superior, Mrs. Houston.

Yours sincerely,

M. VERNON YOUNG,

Secretary, C.D.C., G.S.B.

59 Park Avenue, Montreal.

BIRTHS.

At Battleford, Sask., Dec. 2nd, to Dr. and Mrs. Millar, a daughter. Mrs. Millar was Miss McKim, T. W. H. '04.

At 72 Dewson St., Toronto, on Friday, Oct. 16th, 1908, to Mr. and Mrs J. K. Bell, a daughter. Mrs. Bell was Miss Ethel Warne, graduate of Western Hospital, Toronto, class '04.

To Dr. and Mrs. H. R. Brighter, Exeter, Ont., Nov. 21st, a son. (Nee Miss Gunn, Toronto Western Hospital, class '02.

Blair—McDowell—At Little Current, Manitoulin Island, on Sept. 16th, Bertha S. McDowell, graduate of Royal Alexandra Hospital, class '06, to John K. Blair, M.B.

MARRIED.

Long — Hines.—On December 26th, 1908, Miss Harriet Hines (Class of 1906, W.G.H.), to Mr. C. E. Long.

Hughes — Latimer. — In Winnipeg, Thursday, December 31st, 1908, Helen N. Latimer, graduate of the Lady Stanley Institute, Ottawa Class 1905, to Mr. George Edgar Hughes.

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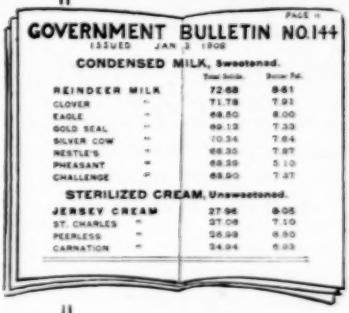

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ISSUED JAN. 3 1908

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THE COWAN MISSION.

The Cowan Mission gave their annual Christmas tea and concert at the General Hospital, St. John's, Newfoundland, on Dec. 29th last. The Cowan Mission is a band of ladies whose sole aim is to alleviate suffering and to bring good cheer to those in need, and operate solely in connection with the Hospital.

Each week two members visit the institution and by kind words, the distribution of the wholesome literature and some little delicacy prove to the afflicted that they have not been forgotten. Tuesday afternoons when the visits are made, are looked forward to by patients and missioners alike. Not a week is passed over; rain or shine the ladies whose turn it is fulfil their duties cheerfully and unmindful of personal inconvenience.

At Christmas time a special effort is made to give the inmates a pleasant time. A present had been provided for all. Pipes and tobacco were distributed to the men, while handkerchiefs and aprons were given the women. They were done up in parcels, each being addressed with the name of the person for which it was intended. In this connection, the nurses and other officials were not forgotten, each receiving some slight memento of the occasion.

Apart from their hospital visitations, the erection and maintenance of the Convalescent Home is a standing monument of the Cowan Mission. Every day the benefits of this institution are being felt. Many women on completion of their treatment at the hospital are not strong enough to resume work, and can remain in the Home for three weeks. Others who do not require medical attendance but simply rest and dieting have also been taken in. The upkeep is provided by the Mission by the social events they arrange from time to time which means constant work. They will gladly receive donations of money or goods, and the charitably disposed could not help on a better cause than it.

At present there are 78 patients in the hospital but recently there were a score more. The care of such a large number requires the constant attention of the nurses and they find but little time for anything but professional duties. In Miss Southcott, the Nursing Superintendent, the Hospital has a lady of great ability and one well adapted to the responsible position. She has extensive experience on both sides of the Atlantic and is in every way qualified for the post. Miss Hannaford is an able assistant, also of wide experience. They work harmoniously both aiming to give the inmates every benefit of their knowledge.

The staff of regular nurses and probationers is larger now than ever but the work is steadily increasing. These young ladies imbued with the desire to benefit others are obliged to make many sacrifices. Their work is not always the most pleasant; still the task is performed graciously. Love for the work is the great essential in such a profession. Miss Southcott and Dr. Shea say that a more painstaking and competent staff it would be difficult to find, and all are giving the greatest satisfaction. The nurses are:—

Miss Alice Carey, Miss Clara Edgar, Miss Grace Gardner,

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IN PNEUMONIA the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited.

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The patients speak in the highest terms of the treatment received at the hands of these young ladies, as they spare no pains or trouble to make those placed under their care by sickness or accident, comfortable and happy.

TORONTO CENTRAL REGISTRY COMMITTEE

The regular monthly meeting of the Toronto Central Registry Committee was held at 644 Spadina avenue on Monday, Jan. 4th at 8.15 p.m. The Registrar's report was as follows:—Amount in savings bank, $515.14; current account, $74.32; in hand, $15.50. Number of nurses on list, 278; registry calls for Dec., 1908, 113; personal, 31; total 144. Unanswered, 3. There were 3 applications for membership in C. Reg. accepted.

Miss Barwick's resignation was before the committee. At their request she consented to retain the registrarship with an assistant (graduate nurse).

An advertisement for Assistant Registrar has been sent to "The Canadian Nurse."

THE MAC TRAINING SCHOOL.

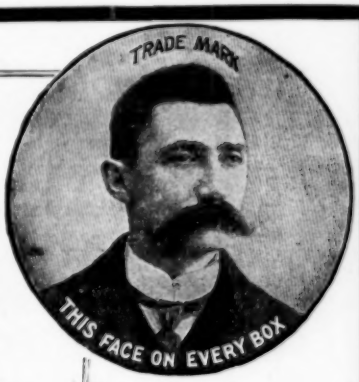
The graduating exercises of the Mack Training School for Nurses, in connection with the G. and M. Hospital, St. Catharines, were held in the court-room on Nov. 25th, 1908, when four of our nurses received their well earned medals and diplomas.

Miss Laura Gilmore, Miss Lottie McDougall, Miss Jessie Wallace, and Miss Idessa Huber, being the fortunate recipients.

After a short but very enjoyable programme, consisting of music and speeches, the medals were presented by Mrs. John Moree, "President of the Ladies' Aid," and the diplomas by Mayor Campbell. After which the valedictory was very nicely given by Miss Jessie Wallace. Then came flowers and congratulations from a very large number of friends, far and near. Once more Miss Hollingworth has sent out a fine class of girls, perhaps exceptionally fine this year, to her be the credit due, both in her selection and training of the nurses.

Miss Gilmore, Miss Wallace and Miss Huber remain on the nursing staff of the hospital for a time at least. Miss McDougall is doing private nursing at Welland, Ont., and making her home when off duty with Dr. and Mrs. Garner.

Miss Maude Tindale, graduate of Grace Hospital, Toronto, has taken a position as Head Nurse in the Deaf and Dumb Institute, Belleville, Ont.



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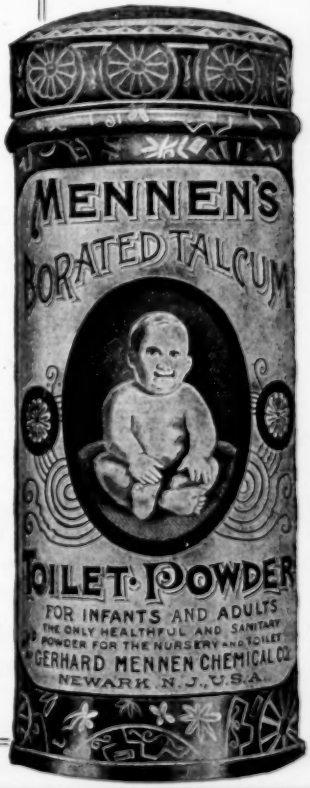
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Miss Hattie M. Putnam, graduate of Grace Hospital, Toronto, has taken a position in Saratoga General Hospital, Saratoga Springs, New York, as Night Superintendent, assuming her duties from Nov. 1st, 1908.

Dr. and Mrs. George McPheedran (nee Miss McNish, T.G.H., 1901), have sailed for their chosen field of work in India.

Miss Lottie Lawson and Miss Switter have gone to the mission field in China under the auspices of the Canadian Methodist Mission.

The Annual Conference of the Association of Nursing Superintendents of India was held in Bombay on December 10th.

The number of delegates present were fewer than had been expected, owing to some who were to have come finding it impossible at the last moment.

Miss Mill, Lady Superintendent, St. George Hospital, Bombay, read a paper dealing with "The difficulty of obtaining suitable European candidates for training. Its cause and how we may over come it."

Miss Wason, Lady Superintendent, Cama Hospital, Bombay, gave a short paper dealing with "The training of Indian girls as nurses, should it differ and how from that of Europeans."

Mrs. Klosz sent a paper on "The place of the Indian Nurse in Social Service."

Miss Tippetts, Superintendent Sister, Mayo Hospital, La-

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T. D. TAGGART, M.D., (Jefferson Med. College).
WM. ERWIN, M.D. (Hahnemann and Rush Med. Coll.)
MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.)
FRANK B. BAIRD, M.D., (University Pennsylvania)
WM. EGBERT ROBERTSON, M.D., (Associate Professor of Medicine, Medico-Chirurgical College.)
ELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).
LILLIE H. MARSHALL, EDITH W. KNIGHT (Pennsylvania Orthopædic Institute.)
MARGARET A. ZABEL (German Hospital, Philadelphia Penna. Orthopædic Inst.)

Pennsylvania Orthopædic Institute & School of Mechano-Therapy
(Incorporated)
1711 Green Street, PHILADELPHIA, PA. MAX J. WALTER, Superintendent

hore, sent a paper dealing with "The necessity for Registration of Nurses in India," and suggestions as to how this might be acccomplished.

All these papers will be printed in full in the Annual Report of the Association, which will be published early in 1909. Copies may be had free by applying to the Hon. Secretary, care of Miss Martin, St. Catherine Hospital, Cawnpore.

It was decided to form an Association for trained nurses in India, to be called "The Trained Nurses' Association of India," having as its object:—

I. To promote a sense of esprit de corps among all nurses.

II. To uphold in every way the dignity and honor of the nursing profession.

III. To enable members to take council together on matters affecting their profession.

Nurses wishing to join this Association can have further particulars by applying to Miss Thorpe, Y.W.C.A. Rooms, Zahur Bakhs, Lucknow.

The need for a Nursing Journal for India was considered. All present were in favor, and it was decided, that steps be taken to raise sufficient money to guarantee the Journal for one year. As soon as this is accomplished, the Committee will consider details.

THE REPUBLIC AND THE BALTIC.

We regret that the present issue is a few days late, but our readers will forgive this when they learn that the delay was chiefly so that we could publish Miss Tweedie's brief and touching account of the collision. Many other interesting incidents should have been narrated if time and space allowed. On Sunday morning there was a thanksgiving service on board the Baltic, led by clergymen who were among the passengers, in which all the rescued joined. One of the clergymen was Dr. Snively, of Chicago, a relative of Miss Snively's, of the Toronto General Hospital. Many marvellous escapes occurred. None was more remarkable than the escape of a mother and little baby, whose state-room was wrecked by the bow of the Florida. The Florida's big anchor was driven right into their state-room, almost touching the berth, but mother and child were safe and unharmed.

Rheumatism AND POND'S EXTRACT

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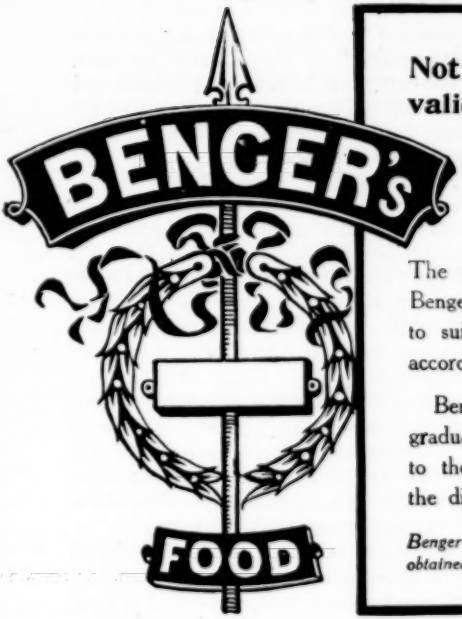

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The Nurse's Library

"The Nurses' Alumnae Journal," of the Winnipeg General Hospital, is always a welcome visitor. The December issue contains two articles of special value,—a letter from Miss I. M. Stewart, who is taking the Hospital Economics Course at Columbia University, full of sparkling interest and good ideas, and an editorial on certain interviews from a British lady, Mrs. Cran, who has been visiting the North-West. "Mrs. Cran's charge is that the women of the West are not able to obtain proper nursing care. Much as we may dislike to acknowledge it, we ourselves know in our hearts that her charge is true. What is to be done about it?" The Editor speaks of the Victorian Order and other efforts we have made in Canada to remedy this state of affairs, and concludes: "Remedy there must needs be, and quickly."

"Minor Maladies and Their Treatment," Leonard Williams, M.D., M.R.C.P. (London: Bailiere, Tindall & Co.) The second edition of this admirable book is a welcome visitor. The very things one needs to know about most often are here—things that the experienced doctor knows so well that he does not think of mentioning them. Colds, sore throats, headache, indigestion, constipation, etc., all are dealt with in a satisfactory manner.

"Heredity, Variation and Genius," Henry Maudsley, M.D. (London: John Bale, Sons & Danielson, Oxford House, Oxford St. W.) Dr. Maudsley's great reputation, experience, and charm, both of matter and style, secure a welcome for any book of his. The pendulum has at present swung far to one side on Heredity, and Dr. Maudsley's views are thus all the more timely. Other essays on "Shakespeare" and "Medicine" add to the value of the book.

"Obstetric and Gynecologic Nursing," Professor Edward P. Davis, of the Jefferson Medical College, Philadelphia. $1.75. (London and Philadelphia: W. B. Saunders, Toronto: J. A. Carveth & Co.) The third edition of Professor Davis' well known text-book has been revised and enlarged. The book has already been favorably reviewed by us on the issue of the two former editions and we have pleasure in again commending it most cordially to our readers. It is an excellent text-book.

"Observation of Symptoms," Alfred I. Hawes, M.D., $1.00. (Boston: Whitcomb & Barrows.) This is an excellent book of reference for a nurse, inasmuch as no part of her duty is more important than the observation and recording or reporting of symptoms. It is remarkably well printed and bound.

"Modern Medicine," Vol. V. Edited by William Osler, M.D., Regius Professor of Medicine at Oxford, and Thomas McRae, M.D., of the Johns Hopkins University. (Philadelphia and New York: Lea Brothers; Toronto: D. I. McNish & Co.) But two volumes now remain to appear of the seven promised in this fine series. The present volume is on Diseases of the Alimentary Tract, and is in every way worthy to take its place with the others. Among the monographs is one on Diseases of the Peritoneum, by Dr. Rolleston and Dr. Sargent, of London.

"Clinical Lectures on Neurasthenia," by Thomas D. Savill, M.D., Lond. Fourth edition. (London: Henry J. Glaisher, Cavendish Square; New York: William Wood & Co.) Dr. Sewell is a well known authority on Neurasthenia and was one of the first to recognize the importance of enquiring into antecedent conditions which might be, so to speak, the basis of the disorder, sometimes physical and sometimes mental, and often both. The book is comprised in eight chapters, one of which is an analysis of over one hundred cases. This is a volume which would be a welcome addition to a nurse's library.

"Essentials of Medicine," Charles Phillips Emerson, M.D. (Philadelphia and London: The J. B. Lippincott Co.; Toronto: J. A. Carveth & Co.) No one who knows Dr. Emerson but experienced a feeling of joy when this book was announced. Everybody is glad that he has written it. For a nurse or a medical student this book is simply a boon. I fone can learn wisdom from a book it can be learned from this book. Many of us know something, but we hardly know that we know it, so indfinite, inaccurate and unsure are we. This book is clear, strong and natural. It deals only with important things and tells them in the right way and puts them in the right place.

"Physical Education and Hygiene," by W. P. Welpton, B.Sc., Master of Method in the University of Leeds. 4s. 6d. (London: W. B. Cline, the University Editorial Press, 157 Drury Lane, W.C. This is a scholarly work, in which the author regards his subject from a wide outlook and yet does not forget the practical side. The first chapter is historical, and is refreshing and helpful. The physical basis of life, the nervous system, fatigue, exercise, growth, air, the eye and finally abnormalities—these and many other topics are discussed in an adequate and interesting way. For teachers and school nurses the book is invaluable.

"Nursing the Insane," by Clara Barrus, M.D. (London, New York and Toronto: The MacMillan Co., $2.00.) We are slowly awakening to the importance of "Mental Nursing," as it is sometimes called. Fifteen years' experience and a kind and just spirit have qualified the writer for her task. She says truly that the nurses who minister to a mind diseased would need to be only "a little lower than the angels." To all interested in nervous and insane patients, and indeed to all nurses this book will be found thoughtful, stimulating, informing, and of daily value in our work.

The W. B. Saunders Company (Toronto: J. A. Carveth & Co.), have just published two useful and appropriate reference handbooks for nurses at $1.25 each, bound handsomely in flexible red leather. The first is "A Reference Handbook for Nurses" (2nd edition), by Amandak Beck. It contains brief notes on everything one can think of that a nurse needs to know, in the shortest form. It is admirably practical. The second is by Dr. Catherine Macfarlane, of Philadelphia, and is a "Reference Handbook of Gynecology." It has grown out of a series of lectures delivered by the author to the nurses of the Woman's Hospital of Philadelphia. The book is a good one and we commend it cordially to our readers.